

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

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Meeting Date: May 6, 2008 Consent Regular
 Workshop Public Hearing
Department:
Submitted By: Department of Airports
Submitted For:
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I. EXECUTIVE BRIEF

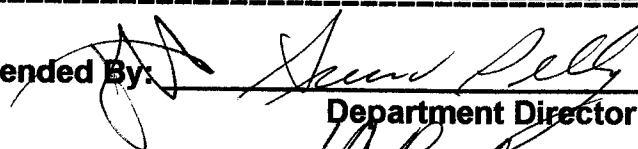

Motion and Title: Staff recommends motion to approve: Change Order No. 2 to the contract with Brang Construction, Inc. decreasing the contract in the amount of \$117,205 for the Terminal Skylight Replacement Project at Palm Beach International Airport (PBIA).

Summary: On August 21, 2007 the BCC approved the Construction Contract (R-2007-1288) with Brang Construction, Inc. for construction services for the Terminal Skylight Replacement Project at PBIA in the amount of \$2,429,000. Change Order No. 1 was approved for a net increase to the contract in the amount of \$7,121.12. Approval of Change Order No. 2 to decrease the contract in the amount of \$117,205 will provide a cost savings to the owner for the use of an alternate design. 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. The Disadvantaged Business Enterprise (DBE) participation for this change order is 0%. **Countywide (JCM)**

Background and Justification: The project is Federally Funded and as such contains certain mandatory requirements be included in the contract documents, one of which relates to allowing the contractor to submit to the Engineer, in writing, proposals for modifying the drawings (plans), specifications or other requirements of the contract for the sole purpose of reducing the cost of construction. The reduction shall include any costs of investigating the alternate and shall be divided equally between the Contractor and the Owner. Contractor has submitted an alternate design of the skylight to modify the dimensional spacing of the skylight frames which was reviewed and recommended for acceptance by the Engineer of Record. Approval of this change order decreases the contract by \$117,205. There is no change in contract time.

Attachments:

1. Change Order No. 2 - (3 originals)
2. Change Order History for Change Orders No. 1 through No. 2

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Recommended By:  4/3/08
Department Director Date
Approved By:  4/17/08
County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2008	2009	2010	2011	2012
Capital Expenditures	<u>\$(117,205)</u>	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues (Grants)	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>\$(117,205)</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 reduce the construction contract. The contract encumbrance will be reduced to reflect this change. Unencumbered funds will be left in the Budget Account as contingency funds and returned to Airport Reserves upon project completion.

C. Departmental Fiscal Review: Charles Seaman

III. REVIEW COMMENTS

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

John D. Smith 4/10/08
OFMB 88 4/10/08
4/9/08

John J. [Signature] 4/11/08
Contract Dev. and Control
4/10/08

This item complies with current County policies.

B. Legal Sufficiency:

James P. [Signature] 4/14/08
Assistant County Attorney

C. Other Department Review:

Department Director

CHANGE ORDER

- | | |
|--|---|
| <input checked="" type="checkbox"/> Owner Initiate | <input type="checkbox"/> Quantity Overruns/Underruns |
| <input type="checkbox"/> Differing Site Conditions | <input type="checkbox"/> Request By Another Agency/Outside Party |
| <input type="checkbox"/> Zoning/Code/Ordinance Changes | <input type="checkbox"/> A. Reimbursable <input type="checkbox"/> B. Non-Reimbursable |
| <input type="checkbox"/> Errors/Omissions/In Design | <input type="checkbox"/> Other |

PROJECT: **Terminal Skylight Replacement**
 TO: **Brang Construction Inc**
4300 Oak Circle
Boca Raton, FL 33431

CHANGE ORDER NO: **Two (2)**
 COUNTY/FAA PROJECT NO: **PB 06-5**
 CONTRACT DATE: **08/21/2007**
 RESOLUTION NO. **R2007-1288**
 DISTRICT # **2**

Description of Change: The project is Federally Funded and as such contains certain mandatory requirements be included in the contract documents, one of which relates to allowing the contractor to submit to the Engineer, in writing, proposals for modifying the drawings (plans), specifications or other requirements of the Contract for the sole purpose of reducing the cost of construction. The reduction shall include any costs of investigating the alternate and shall be divided equally between the Contractor and the Owner. Contractor has submitted an alternate design of the skylight to modify the dimensional spacing of the skylight frames resulting in a total reduction in construction cost to the project of \$228,410.00. The change to the contract cost is summarized as follows:

1. Credit to Owner for use of alternate design \$114,205.00
2. Credit to Owner for contractors share in evaluating alternate \$3,000.00

EXECUTION OF THIS CHANGE ORDER ACKNOWLEDGES FINAL SETTLEMENT OF, AND RELEASES ALL CLAIMS FOR, COSTS AND TIME ASSOCIATED, DIRECTLY OR INDIRECTLY, WITH THE ABOVE STATED MODIFICATION(S), INCLUDING ALL CLAIMS FOR CUMULATIVE DELAYS OR DISRUPTIONS RESULTING FROM, CAUSED BY, OR INCIDENT TO, SUCH MODIFICATION(S), AND INCLUDING ANY CLAIM THAT THE ABOVE-STATED MODIFICATION(S) CONSTITUTES, IN WHOLE OR PART, A CARDINAL CHANGE TO THE CONTRACT.

The Original Contract Sum was **\$2,429,000.00**
 Net change by previous Change Orders **\$7,121.12**
 The Contract Sum prior to this Change Order was **\$2,436,121.12**
 The Contract Sum will be **(decreased)** by this Change Order **\$117,205.00**
 The new Contract Sum including Change Order will be **\$ 2,318,916.12**
 The Contract Time will be **(increased/decreased)** by **0 Calendar Days.**
 The Date of Completion as of the date of this Change Order therefore is **May 11, 2008.**

CH2M Hill Inc
 Engineer

Brang Construction, INC
 Contractor

PBC Bd. of County Commissioners
 Owners

3001 PGA Blvd., Ste. 300
 Address
Palm Beach Gardens, FL 33410

4300 Oak Circle
 Address
Boca Raton, FL 33431

P.O. Box 21229
 Address
West Palm Beach, FL 33416-1229

By: [Signature]
 Date: 3-20-08

By: [Signature]
 Date: 3/24/08

By: _____
 Date: _____

PALM BEACH COUNTY DEPARTMENT OF AIRPORTS

Attest: Sharon Bock
 Clerk and Comptroller

APPROVED AS TO TERMS AND CONDITIONS:

Approved as to Form and Legal Sufficiency

By: _____
 Deputy Clerk (Date)

By: _____
 County Attorney (Date)

By: [Signature]
 Director of Airports

PALM BEACH COUNTY INTERNATIONAL AIRPORT
SKYLIGHT REPLACEMENT PROJECT
FAA AIP No.: 3-12-0085-045-2006
FDOT WPI: 418786-1-94-01
PB NO: PB 06-5
CONTRACT SUMMARY

	ORIGINAL	CURRENT
DATE: NTP	9/24/2007	
CONTRACT TIME =	230	230 Thru CO #2
CONTRACT COMPLETION DA	5/11/2008	5/11/2008
CONTRACT AMOUNT =	\$2,429,000.00	\$2,318,916.12
LIQUIDATED DAMAGES	\$1,000.00	

CHANGE ORDER No.	DATE	DESCRIPTION	CHANGE ORDER TIME	VALUE OF TIME EXTENSION	CHANGE ORDER AMOUNT	TOTAL VALUE OF CHANGE ORDER ADJUSTED FOR TIME	LEAD DEPT APPROVAL	CRC APPROVAL	CUMULATIVE APPROVAL	BCC APPROVAL	PERCENT CHANGE	NEW CONTRACT AMOUNT	STATUS
1	9/11/2007	CCP 1 Additional Insurance	0		\$ 7,121.12		\$ 7,121.12				0.29%	\$2,436,121.12	
2		CCP2 Alternate Design and Time Extension	0	\$0	\$ (117,205.00)	\$ (117,205.00)	\$ (117,205.00)			\$ (117,205.00)			May 6, 2008 Board Meeting
				\$0	\$ -	\$ -							
			0	\$0	\$ -	\$ -							
				\$0	\$ -	\$ -							
					\$ -	\$ -							
					\$ -	\$ -							
					\$ -	\$ -							
					\$ -	\$ -							
					\$ -	\$ -							
		Total	0		\$ (110,083.88)	\$ (110,083.88)	\$ -				-4.75%	\$2,318,916.12	

To be approved by the Dept
 To be approved by the CRC
 To be approved by the Board

Notes:

Approval Authority

CO Value	<u>Authority</u>
\$0-50,000	Lead Dept
\$50,001-100,000	CRC
>\$100,001	BCC
<u>Cummulative Value</u>	<u>Authority</u>
\$0-100,000	Lead Dept
\$100,101 - 200,000	CRC

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/19/2007

PRODUCER
alls 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	NAIC #
INSURER A: RLI Insurance Company	
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 ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	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"/> PROJECT <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 - COMP/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 <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	00026018	7/26/2007	7/19/2008	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC0250288	11/27/2007	11/27/2008	<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

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

C. Ray Perry

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 Cir, Boca Raton, FL 33431							
POLICY NUMBER	T03 4737-B05-59						
EFFECTIVE DATE OF POLICY	02/05/08-08/05/08						
DESCRIPTION OF VEHICLE (Including VIN)	1990 Ford F350 PU 2FDKF37H8LCA86719						
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	<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	1,000,000						
Each Accident	1,000,000						
b. Property Damage							
Each Accident	1,000,000						
c. Bodily Injury & Property Damage Single Limit							
Each Accident							
PHYSICAL DAMAGE COVERAGES							
a. Comprehensive	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible
b. Collision	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ 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	<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 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	<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 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	<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: *[Signature]* Agent: Rick Limegrover Title: 59-2106 Agent's Code Number: 04/04/2008 Date

Name and Address of Certificate Holder Palm Beach International Airport Department of Airports 846 Palm Beach International Airport West Palm Beach, FL 33406 Attention: Cindy Portnoy, P.E.	Name and Address of Agent Rick Limegrover Insurance Agency Inc. D/B/A State Farm Insurance 3013 Yamato Road, Suite B-12 Boca Raton, FL 33434
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INTERNAL STATE FARM USE ONLY: Request permanent Certificate of Insurance for liability coverage.
 Request Certificate Holder to be added as an Additional Insured.