

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2008	2009	2010	2011	2012
Capital Expenditures	<u>\$357,240</u>	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues (Grants)	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>\$357,240</u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included In Current Budget? Yes ___ No **X**
 Budget Account No.: Fund _____ Department _____ Unit _____ Object _____
 Reporting Category _____

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

Approval of this item will result in the expenditure of \$357,240. Funding is provided from Passenger Facility Charges.

C. Departmental Fiscal Review: Michael Sevin

III. REVIEW COMMENTS

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

Full
atwillhite 6-24-08
 OFMB *6/24/08*

John J. [Signature]
 Contract Dev. and Control *6/25/08*

B. Legal Sufficiency:
[Signature]
 Assistant County Attorney *6/26/08*

This item complies with current County policies.

C. Other Department Review:

 Department Director

PALM BEACH COUNTY

CHANGE ORDER

ISSUED TO: ThyssenKrupp Airport Systems, Inc.
3200 Sylvania Ave, Suite 100E
Fort Worth, TX. 76111

CHANGE ORDER NO.: 6

REFERENCE CCP NO.: attached

PROJECT: PB 06-2 PBI A Passenger Loading Bridges

RESOLUTION NO.: R2006 2205

PROJECT NO. DISTRICT NO.: 2

The completion date, contract price, and all terms, covenants, and conditions of the above referenced contract, except as duly modified by this and previous Change Orders, if any, shall remain in full force and effect.

DESCRIPTION OF CHANGE: This CO # 6 references 1 request for change order as submitted by Thyssen Krupp Airport Systems, Inc. (summary back up page attached). Reference modifications are in the attached summary by COR number along with a description of the COR, individual costs, category of change, and a brief explanation

CONTRACT PRICE	COMPLETION DATE
Original Contract Price: \$ <u>15,360,608</u>	Contract Completion Date will be (increased) (decreased) by <u>0</u> calendar days per CO # 6. Contract Date from CO#1 thru CO# 5 increased by <u>26</u> calendar days. Contract Notice To Proceed Date: <u>10-24-06</u> Contract Substantial Completion Date: <u>06-19-08</u> ADJUSTED Substantial Completion Date: <u>07-15-08</u>
CO # 1 through CO # 5 \$ <u>416,408</u>	
This CO # 6 \$ <u>357,240</u>	
ADJUSTED Contract Price \$ <u>16,134,256</u>	

CONTRACTOR	DESIGN PROFESSIONAL	PALM BEACH COUNTY
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 above changes are accepted:	The above changes are recommended for approval by the Owner:	DEPARTMENT OF AIRPORTS Recommended By:
		By: <u>Jerry J. Allen</u> Title: _____ Date: <u>5-29-08</u>
		By: <u>John P. Kelly</u> Title: <u>Director</u> Date: <u>5-29-08</u>
		PBC BOARD OF COUNTY COMMISSIONERS Approved By:
Contractor ThyssenKrupp Airport Systems, Inc. By: <u>Enver Sarilar</u> <u>Raymond-K. Streeter</u> <u>J. W. ...</u> Title: <u>Operations Director V.P.</u> Date: <u>5/14/08</u>	Design Professional PBS&J By: <u>[Signature]</u> Title: <u>sr proj mgr</u> Date: <u>5/15/08</u>	By: _____ Title: _____ Date: _____

CHANGE ORDER NO: 6 SUMMARY REPORT

PALM BEACH INTERNATIONAL AIRPORT
PASSENGER LOADING BRIDGES

RESOLUTION NO: 2006 2205
THYSSENKRUPP AIRPORT SYSTEMS, INC.

COR #	DESCRIPTION	COST	DAYS	CATEGORY	SUMMARY EXPLANATION
10	Furnish and install 27 Nova bag lifts to assist airline personnel loading heavy baggage items onto the aircraft.	\$357,240	0	CONTINENTAL AIRLINES	A Nova Bag lift was installed for Continental Airlines on Gate B6 as a test case for tenant airline acceptance. After positive feed back from Continental, the Department of Airports will be installing Nova bag lifts on the remaining 27 passenger loading bridges at PBI.
TOTAL CHANGE ORDER NO: 6		\$357,240	0	CALENDAR DAYS	

LEGEND	
\$0	Omission/recommended and/or required in project.
\$0	Other Agency (TSA, PZ&B, Fire Marshall)
\$0	Department of Airports
\$0	Conditions not normally anticipated or encountered in construction.
████████	Quantity Under runs, contract adjustments

\$357,240	Total Change Order # 6

**PALM BEACH INTERNATIONAL AIRPORT
PASSENGER LOADING BRIDGES**

FAA AIP No.:
FDOT WPI:
RFP 06-2

CONTRACT SUMMARY

	ORIGINAL	CURRENT
DATE: NTP	10/24/2006	
CONTRACT TIME =	545	572 Thru CO #6
CONTRACT COMPLETION DA	6/19/2008	7/15/2008
CONTRACT AMOUNT =	\$15,360,608.00	\$16,134,256.00
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	2/27/2007 Board Meeting	COR 1,2,3R,5	26	\$26,000	\$ 218,571.00	\$ 244,571.00				\$ 218,571.00	1.42%	\$15,579,179.00	Approved on 2/27/07 R2007-0271
2		COR 6 - Disconnect Switches	0	\$0	\$ 19,430.00	\$ 19,430.00	\$ 19,430.00		\$ 19,430.00		0.13%	\$15,598,609.00	Approved on 7/18/07
3		COR #7 Glycol Valves	0	\$0	\$ 27,603.00	\$ 27,603.00	\$ 27,603.00		\$ 47,033.00			\$15,626,212.00	Approved
4	CRC 2/13/08	COR 8 (Bag Lift) ,COR #9 (Sign Logos)	0	\$0	\$51,647.00	\$ 51,647.00		\$51,647.00	\$ 98,680.00		0.34%	\$15,677,859.00	Approved
5	CRC 5/28/08	COR #11 Disconnect Switches	0	\$0	\$99,157.00	\$ 99,157.00		\$99,157.00	\$ 197,837.00		0.65%	\$15,777,016.00	Waiting for Approval
6	7/08/08 Board Meeting	COR#9 Nova Baggage Lifts	0	\$0	\$357,240.00	\$ 357,240.00				\$357,240.00	2.33%	\$16,134,256.00	Waiting for Approval
7						\$ -							
Total			26		\$ 773,648.00		\$ 47,033.00	\$ 150,804.00	\$ 197,837.00	\$ 575,811.00	5.04%	\$16,134,256.00	

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

Notes:

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

3.10 SCHEDULE 1
 LIST OF PROPOSED SBE-M/WBE SUBCONTRACTORS
 (Attachment No. 8 To The Proposal Form)

PROJECT NAME: Passenger Loading Bridges PROJECT NO: RFP 06-2 (CO#6)
 NAME OF PRIME PROPOSER: Thyssenkrupp Airport Systems INC PHONE NO.: (817) 210-5000
 CONTACT PERSON: Tho Ia FAX NO: (817) 834-6985
 PROPOSAL DATE: _____ DEPARTMENT: Project Management

PLEASE IDENTIFY ALL APPLICABLE CATEGORIES OF SUBCONTRACTORS

Name, Address and Phone Number	(Check one or both Categories)		Subcontractor Amount				
	Minority Business	Small Business	Black	Hispanic	Women	Caucasian	Other (Please Specify)
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
	Total		\$	\$	\$	\$	\$

Total Proposal Price: \$ 357,240⁰⁰ Total Value of SBE Participation: \$ 0

- NOTE: 1. The amounts listed on this form must be supported by the Subcontractors prices included on Schedule 2 in order to be counted toward goal attainment.
 2. Firms may be certified by Palm Beach County as an SBE and/or an M/WBE. If firms are certified as both an SBE and M/WBE, please indicate the dollar amount under the appropriate category.
 3. M/WBE information is being collected for tracking purposes only.

3.11 SCHEDULE 2
 LETTER OF INTENT TO PERFORM AS A SBE OR W/MBE SUBCONTRACTOR
 (Attachment No. 9 To The Proposal Form)

PROJECT NAME: Passenger Loading Bridges PROJECT NO: RFP 06-2 (CO #6)
 TO: Thyssenkrupp Airport Systems Inc
 (Name of Prime Proposer)

The undersigned is certified by Palm Beach County as a(n) (check one or more as applicable):

Small Business Enterprise Minority Business Enterprise
 Black Hispanic Women Caucasian Other (Please Specify)

Date of Palm Beach County Certification: _____

The undersigned is prepared to perform the following described work in connection with the above project (specify in detail particular work items or parts thereof to be performed):

Line Item No.	Item Description	Qty/Units	Unit Price	Total Price

at the following price: BO
 (Subcontractor's quote)

and will enter into a formal agreement for work with you conditioned upon your execution of a contract with Palm Beach County.

If undersigned intends to sub-subcontract any portion of this subcontract to a non-SBE subcontractor or supplier, the amount of any such subcontract must be stated: \$ 0. The undersigned subcontractor understands that the provision of this form to prime proposer does not prevent subcontractor from providing quotations to other proposers.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 3

DATE
10/04/2007

PRODUCER 877-945-7378 Willis North America, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 372305191		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 ThyssenKrupp Airport Systems, Inc. 3201 N. Sylvania Suite 100E Fort Worth, TX 76111		INSURERS AFFORDING COVERAGE INSURER A: Gerling America Insurance Company INSURER B: Wausau Business Insurance Company INSURER C: INSURER D: INSURER E:	NAIC# 41343-000 26069-001

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	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	7200516GLP	10/1/2007	10/1/2008	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000
B	AUTOMOBILE LIABILITY <input checked="" 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	ASKY91428004027	10/1/2007	10/1/2008	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 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 \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	9000194CUP	10/1/2007	10/1/2008	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WCKY91428004017	10/1/2007	10/1/2008	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Palm Beach County Board of County commissioners, a political subdivision of the State of Florida, its officers, employees and agents are included as Additional Insureds pertaining to the General Liability and Automobile Liability policies with respects to liability arising out of the Named Insured's operations, where required by written contract.

General Liability policy does not exclude "XCU" hazards.

CERTIFICATE HOLDER

CANCELLATION

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

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

Taren J. Chambers

<p>PRODUCER 877-945-7378 Willis North America, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 372305191</p>	<p>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.</p>	
<p>INSURED ThyssenKrupp Airport Systems, Inc. 3201 N. Sylvania Suite 100E Fort Worth, TX 76111</p>	<p>INSURERS AFFORDING COVERAGE</p> <p>INSURERA: Gerling America Insurance Company INSURERB: Wausau Business Insurance Company INSURERC: INSURERD: INSURERE:</p>	<p>NAIC#</p> <p>41343-000 26069-001</p>

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

This insurance will be primary/non-contributory insurance with respect to any other available insurance to the Additional Insureds for the negligence of the Insured on the referenced project, where required by written contract.

The Automobile Liability policy includes coverage for all owned, hired and non-owned autos.

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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Any Person or Organization for which the Named Insured is obligated to provide such coverage under written contract.	Any Location for which the Named Insured is obligated to provide such coverage under a written contract.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
 2. The acts or omissions of those acting on your behalf;
- in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

BOARD OF COUNTY COMMISSIONERS
 PALM BEACH COUNTY, FLORIDA
 BUDGET AMENDMENT

ADV DOC
 BGRV121052708/610
 BGEX121052708/2798

08

FUND 4111 - AIRPORTS Improvement And Development Fund

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

ACCT. NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED	REMAINING BALANCE
REVENUES								
	121-A264-8224	4,080,000	14,985,123	357,240		15,342,363	0	15,342,363
	Total Receipts and Balances	<u>51,352,473</u>	<u>84,164,708</u>	<u>0</u>	<u>357,240</u>	<u>83,807,468</u>		
EXPENDITURES								
	121-A264-6301	4,080,000	11,276,092	357,240		11,633,332	0	11,633,332
	Total Appropriations and Expenditures	<u>51,352,473</u>	<u>84,164,708</u>	<u>0</u>	<u>357,240</u>	<u>83,807,468</u>		

Department of Airports / Finance.....	Signatures	Dates
Initiating Department / Division	<i>Michael S. ...</i>	5/29/08
Administration / Budget Department Approval..	_____	_____
Finance Department - Posted.....	_____	_____

By Board of County Commissioners
 At Meeting of _____

 Deputy Clerk to the
 Board of County Commissioners

BOARD OF COUNTY COMMISSIONERS
 PALM BEACH COUNTY, FLORIDA
 BUDGET TRANSFER

ADV DOC
 BGEX820052708/2797

08

FUND 4112 - AIRPORTS Passenger Facility Charges Fund

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

ACCT. NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED	REMAINING BALANCE
EXPENDITURE	AIRPORT EXPENDITURES							
	820-9000-9223 Transfer to Fund 4111	9,410,949	27,787,640	357,240		28,144,880	0	28,144,880
	121-A900-9909 Reserves	8,452,103	12,312,475	0	357,240	11,955,235		11,955,235
	TOTAL EXPENDITURES	<u>17,863,052</u>	<u>41,100,115</u>	<u>357,240</u>	<u>357,240</u>	<u>41,100,115</u>		

Department of Airports / Finance.....	Signatures	Dates
Initiating Department / Division	<i>[Signature]</i>	5/29/08
Administration / Budget Department Approval..	_____	_____
Finance Department - Posted.....	_____	_____

By Board of County Commissioners
 At Meeting of _____

Deputy Clerk to the
 Board of County Commissioners