3H-3

Agenda Item #:

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

| Meeting Date: August 16, 2011 | [X]Consent []Workshop | [] Regular [] Public Hearing |
|--------------------------------|---------------------------|-----------------------------------|
| Department: Facilities Develop | ment & Operations | |

I. EXECUTIVE BRIEF

Motion and Title: **Staff recommends motion to approve**: Amendment No. 10 to the contract with Hedrick Brothers Construction, (R2007-1506) for construction management services for various capital projects.

Summary: Hedrick Brothers Construction was selected to provide construction management services associated with the design and construction of various capital projects which may include new construction, additions, or renovations from \$400,000 to \$25,000,000. Work is authorized through individual task agreements when required during the term of this contract. The Board approved an annual contract on September 11, 2007. The original contract provided for an initial two (2) year term with three (3) - one (1) year renewal options. This Amendment would provide for services during the third renewal period. Hedrick Brothers Construction has a Small Business Enterprise (SBE) participation goal of 15%. During the four years of the contract, Hedrick Brothers Construction has achieved 28.6% participation. Hedrick Brothers Construction is a Palm Beach County company and are using local subcontractors for the work. (Capital Improvements Division) Countywide (JM)

Background and Justification: Hedrick Brothers Construction was one of three firms selected to perform professional construction management services on a continuing contract basis. Work is authorized through individual task agreements when required during the term of this contract. The contract term is for two years and the original Board action allowed for three additional one year renewals. This Amendment would provide services during the third renewal period and would be the fifth year of the contract. It is the consensus of Facilities Development and Operations that Hedrick Brothers Construction has successfully provided the services required by the County in a timely manner. They are in good standing and wish to continue to provide services. During the four years of the contract, Hedrick Brothers Construction was awarded \$20,749,138 in Construction Management Authorizations.

| Attachments: Amendment No.10 | | |
|---------------------------------|--------------------------------|-----------------|
| Recommended by: | An my Work Department Director | 7 0 1 Date |
| Approved by: | County Administrator | P/\/y Date |

II. FISCAL IMPACT ANALYSIS

| A. Five Year Summary of F | iscal lm | pact: | | | | |
|--|-------------------------|-------------------------|----------------|------------------------|-------------|-------------|
| Fiscal Years | 2011 | 2012 | 2013 | 2014 | 2015 | |
| Capital Expenditures | -0- | -0- | -0- | -0- | -0- | |
| Operating Costs | -0- | - 0- | -0- | -0- | -0- | |
| External Revenues | -0- | - 0- | -0- | -0- | -0- | |
| Program Income (County) | -0- | -0- | -0- | -0- | -0- | |
| In-Kind Match (County) | -0- | e below. | -0- | -0- | -0- | |
| NET FISCAL IMPACT | -0-\$ Se | e print. | -0- | -0- | -0- | |
| # ADDITIONAL FTE POSITIONS (Cumulative) | | | | | | |
| Is Item Included in Current I | Budget? | Yes | No | | | |
| Budget Account No: Fund | | Dept | | Unit | | |
| - | Obje | ct | • | - | | |
| Re | | Category _ | | | | |
| | | | | | | |
| ★ Fiscal impact cannot be and GMP Amendments refiscal impact will be addupreviously approved BCC | equiring l ressed at | BCC approvit that time, | val will be b | rought to t | he Board an | d |
| B. Recommended Sources of Fu | ınds/Sum | mary of Fise | cal Impact: | | | |
| C. Departmental Fiscal Review:_ | | | | | | |
| II | I. <u>REVII</u> | EW COMME | <u>ENTS</u> | | | |
| A. OFMB Fiscal and/or Contrac | t Develop | ment and C | Control Comm | nents: | | |
| OFMB 01/25/ | daal = | | Cont 8-Cont | faeve S ract Admini | istrator | <u> 5</u> / |
| B. Legal Sufficiency: | N. | | was . | | | |
| Legal dumelency. | | | This | amendment co | mplies with | |
| (b) (M c () | 1.1. | | ourr | eview requirem | ients. | |
| Assistant County Attorney | [2]11 | | | | | |
| | | | | | | |
| C. Other Department Device | | | | | | |
| C. Other Department Review: | | | | | | |
| | | | | | | |
| | | | | | | |
| | *** | _ | | | | |
| Department Director | | | | | | |

This summary is not to be used as a basis for payment.

AMENDMENT TO CONTRACT FOR

Annual Construction Management Services

Continuing Contract Basis

This Amendment No.10 dated _______, to the Contract (R-2007-1506) dated September 11, 2007, by and between Palm Beach County, a political subdivision of the State of Florida, by and through its Board of Commissioners, hereinafter referred to as the COUNTY and Hedrick Brothers Construction, a corporation authorized to do business in the State of Florida, hereinafter referred to as the CONSTRUCTION MANAGER.

WITNESSETH

WHEREAS, the parties have entered into a Contract under which the CONSTRUCTION MANAGER provided certain construction management services to the COUNTY for various projects; and

WHEREAS, the parties hereto desire to amend the Contract to extend it for an additional one (1) year period.

NOW, THEREFORE, in consideration of the premises and of the mutual covenants hereinafter set forth and for such other good and valuable consideration, the receipt of which the parties hereto expressly acknowledge, the parties covenant and agree to the following terms and conditions:

- The term of this Contract is renewed for one (1) additional year to September
 2012.
- Except as specifically modified above, the terms and conditions of the Contract are hereby confirmed and remain in full force and effect.

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Contract on behalf of the COUNTY and CONSULTANT has hereunto set its hand the day and year above written.

| ATTEST: SHARON R. BOCK, CLERK & COMPTROLLER | PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS |
|---|--|
| By: Deputy Clerk | By: Karen T. Marcus, Chair |
| APPROVED AS TO FORM AND LEGAL SUFFICIENCY | APPROVED AS TO TERMS AND CONDITIONS |
| By: County Attorney | By: Army Work Director - FD&O |
| WITNESS: FOR CONSTRUCTION MANAGER SIGNATURE | CONSTRUCTION MANAGER: HEDRICK BROTHERS CONSTRUCTION |
| Diane Harpen Signature | Signature |
| Diane Harper Name (type or print) | Dale Hedrick Name (type or print) |
| | President |

(Corporate Seal)

5-1-18W

¥9940

Client#: 32767

| <u> — </u> | | | | | | | | | |
|--|--|--|------------------------------------|---|---|--|--------------------|--|--|
| 1 | DUCE | _ | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE | | | | | |
| £. | | iction Insurance Corp | | HOLDER THIS CERTIFICATE DOES NOT AMEND, EXTEND OR | | | | | |
| 2110 Herschel Street | | | | | ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | | | | |
| • | | nville, FL 32204 | | | | | | | |
| 904 | 388 | -1988 | | INSURERS A | FFORDING COVE | RAGE | NAIC# | | |
| INSU | RED | | | INSURER A: An | nerisure Insurar | ice Co | 19488 | | |
| | | Hedrick Brothers Constr | • | INSURER B. Al | INSURER B: Allianz Global Corp & Spec | | | | |
| 1 | | 2200 Centrepark West D | rive | INSURER C: | | | | | |
| | | Suite 100 | | INSURER D: | | | | | |
| 1 | | West Palm Beach, FL 33 | 3409 | INSURER E: | | | | | |
| <u></u> | (ED A | ices | | INGONER C. | | | | | |
| 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. | | | | | | | EUED OR | | |
| MER | ADO'L NSRD | TYPE OF INSURANCE | POLICY NUMBER | OLICY EFFECTIVE POLICY EXPIRATION LIMITS DATE (MIN/DO/YY) DATE (MIN/DD/YY) LIMITS | | | | | |
| A | | GENERAL LIABILITY | 1 | 06/30/11 | 06/30/12 | EACH OCCURRENCE | \$1,000,000 | | |
| | | | *Design Services | , | 00.00.72 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$300,000 | | |
| | | CLAIMS MADE X OCCUR | | | | MED EXP (Any one person) | \$10.000 | | |
|] | | X Blanket Addi Insd | Liability | | | PERSONAL & ADV INJURY | \$1,000,000 | | |
| | | X Blanket WOS | · | | | GENERAL AGGREGATE | \$2,000,000 | | |
| • | | | · | | | PRODUCTS - COMP/OP AGG | \$2,000,000 | | |
| l | | POLICY X PRO- | ĺ | | 1 | PRODUCTS - COMPTOR AGG | 32,000,000 | | |
| A | | AUTOMOBILE LIABILITY X ANY AUTO | CA2046457 \$10,000 PIP | 06/30/11 | 06/30/12 | COMBINED SINGLE LIMIT (En accident) | \$1,000,000 | | |
| | | ALL OWNED AUTOS | \$10,000 Fif | | | BODILY INJURY (Per person) | \$ | | |
| | | SCHEDULED AUTOS X HIRED AUTOS | | | | BODILY INJURY (Per accident) | \$ | | |
| | | X NON-OWNED AUTOS | 1 | | | (), () | | | |
| | | X Comp Ded \$500 X Coll Ded \$500 | PROPERTY DAMAGE (Per accident) | | PROPERTY DAMAGE (Per accident) | \$ | | | |
| | GARAGE LIABILITY ANY AUTO | | | | | AUTO ONLY - EA ACCIDENT | \$ | | |
| ĺ | | | 1 | | | OTHER THAN EA ACC | \$ | | |
| l | | | 1 | | | AUTO ONLY: AGG | \$ | | |
| A | A EXCESS/UMBRELLA LIABELITY CU20 | | CU2046456 0 | 06/30/11 | 06/30/12 | EACH OCCURRENCE | \$10,000,000 | | |
| | | | Per Proi Agg | | | AGGREGATE | \$10,000,000 | | |
| l | | | 1 3, 1 3, 1 39 | | | | \$ | | |
| ĺ | | DEDUCTIBLE | 1 | | | | s | | |
| | | | 1 | | | | 3 | | |
| <u> </u> | | | <u> </u> | <u></u> | | WC STATU- OTH- TORY LIMITS ER | | | |
| ١. | | KERS COMPENSATION AND LOYERS' LIABILITY | | | | f | \$ | | |
| f | ANY | PROPRIETOR/PARTNER/EXECUTIVE | 1 | | EL EACH ACCIDI | | | | |
| l | | CER/MEMBER EXCLUDED? , describe under | | | | E.L. DISEASE - EA EMPLOYEE | | | |
| | SPECIAL PROVISIONS below | | | | | E.L. DISEASE - POLICY LIMIT | [\$ | | |
| В | Lea | sed/Rented | MZ193032660 | 06/30/11 | 06/30/12 | \$100,000/\$300,000 | | | |
| DES | RIPTI | ON OF OPERATIONS / LOCATIONS / VEHI | CLES / EXCLUSIONS ADDED BY ENDORSE | MENT/SPECIAL PRO | MISIONS | | | | |
| RE | CM | @ Risk Contract for various | projects - Palm Beach Count | y, a political s | ubdivision of th | e State of | | | |
| Flo | rdìa, | its officers, agents and emp | loyees and the Board of Cou | nty Commissi | oners are name | i as additional | | | |
| | | | oility, Auto Liability, Excess L | | | | | | |
| | work being performed by the named insured for the certificate holder. 5205 Building, LLC and Palm Healthcare | | | | | | | | |
| | (See Attached Descriptions) | | | | | | | | |
| Ľ. | | | | | | | | | |
| CERTIFICATE HOLDER | | | | | CANCELLATION 10 Days for Non-Payment SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION | | | | |
| 1 | | Dalm Bassh Counts | | | | | | | |
| 1 | | Palm Beach County | | | DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN | | | | |
| 1 | c/o Facilities Development & | | | | NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL | | | | |
| 1 | | Capital Improvemnets D | rvision | IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR | | | | | |
| 1 | | 2633 Vista Parkway | | REPRESENTATIVES. | | | | | |
| 1 | | West Palm Beach, FL 33 | 3415-0000 | AUTHORIZED RE | PRESENTATIVE | | | | |

DESCRIPTIONS (Continued from Page 1)

Foundation, Inc. are named as additional insured on the general liability, automobile liability, and umbrella liability on a primary and non-contributory basis. A waiver of subrogation in favor of 5205 Building, LLC and Palm Healthcare Foundation, Inc. has been provided on the general liability, automobile liability, and umbrella liability policies.

CERTIFICATE OF LIABILITY INSURANCE

OP ID: MH DATE (MM/DD/YYYY)

11/05/10

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED DEEDES ENTATIVE OF PRODUCED AND THE CERTIFICATE HOLDER. REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. 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).

| PRO | DUCER | 80 | 00-538-0487 | CONTA | CT | ********** | | | | |
|--------------------------------|--|------------------------|---|---|---|---|--|----------------|-------------|--|
| Atlantic Pacific Insumno DDC | | 51-626-3153 | NAME: PHONE FAX | | | | | | | |
| 11382 Prosperity Farms Rd #123 | | | 31-020-3103 | (A/C, N | o, Ext): | (A/C, No); | | | | |
| Palı | n Beach Gardens, FL 33410 | | | ADDRESS: PRODUCER LICEDIA | | | | | | |
| Jak | e Jacobson | | | CUSTO | MERID # HED | RI-1 | ······ | | | |
| INSU | DED. | | | | IN | SURER(S) AFFOI | RDING COVERAGE | | NAIC# | |
| เพรบ | Treation Propiets Cotten | uction | ction | | RA: FCCI In | surance Co | 0. | | 33472 | |
| | Company Inc 2200 Centre Park West D | 4400 | | INSURE | ŔВ; | | | | | |
| | West Palm Beach, FL 33 | | | INSURER C: | | | | | | |
| | West and Death, FL 33 | 407-04 <i>1</i> | ა | INSURE | RD: | | | | | |
| | | | | INSURER E: | | | | | | |
| | | | | INSURE | | | · · · · · · · · · · · · · · · · · · · | | | |
| CO | VERAGES CEF | TIFICAT | TE NUMBER: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | REVISION NUMBER: | | <u></u> | |
| Ţŀ | IIS IS TO CERTIFY THAT THE POLICIES | OF INSU | JRANCE LISTED BELOW HAY | VE BEE | N ISSUED TO | THE INSURE | D NAMED ABOVE FOR T | HE POL | ICY PERIOD | |
| CE | DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH | PERTAIN, POLICIES | ENT, TERM OR CONDITION , THE INSURANCE AFFORDI 3. LIMITS SHOWN MAY HAVE | OF AN | Y CONTRACT THE POLICIE REDUCED BY | OR OTHER I S DESCRIBEI PAID CLAIMS. | NOW IMPAIR IMPLE DECDE | <u>ጥ ፐርጎ</u> ' | MAINOU TINO | |
| LTR | TYPE OF INSURANCE | ADDL SDB INSR WW | D POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | |
| | GENERAL LIABILITY | | | | | | EACH OCCURRENCE | \$ | | |
| | COMMERCIAL GENERAL LIABILITY | 1 1 | | ļ | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | | |
| | CLAIMS-MADE OCCUR | | | | | | MED EXP (Any one person) | \$ | | |
| | | | | | | | PERSONAL & ADV INJURY | \$ | | |
| | | | | | | | GENERAL AGGREGATE | \$ | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | RE | CEIV | FD | | PRODUCTS - COMP/OP AGG | \$ | | |
| Ì | POLICY PRO- | | CAPITAL IMP | | | 7 81 | PRODUCTS - COMPTOR AGG | \$ | | |
| | AUTOMOBILE LIABILITY | | SV 4 10 AL IWA | KUV | EIAIEIAIO I | JIV | COMBINED SINGLE LIMIT (Es accident) | \$ | | |
| | ANY AUTO | | 1,000 | | | | BODILY INJURY (Per person) | \$ | · | |
| } | ALL OWNED AUTOS | | VUN | 08 | 2010 | | BODILY INJURY (Per accident) | | | |
| ŀ | SCHEDULED AUTOS | | FILE: 076 | 216 | - F | 1 | PROPERTY DAMAGE | | | |
| - | HIRED AUTOS | | FILE. | ```` | | L. | (Per accident) | \$ | | |
| - | NON-OWNED AUTOS | | CC: | | - | an ahada'ahaha'y | | \$ | | |
| | | | | | | | | \$ | | |
| - 1 | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ | | |
| ļ | EXCESS LIAB CLAIMS-MADE |] | | | | l | AGGREGATE | \$ | | |
| Į | DEDUCTIBLE | | | | | [| | \$ | | |
| | . RETENTION \$ | | | i | | | | \$ | | |
| - 1 | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | X WC STATU- TORY LIMITS X OTH- ER | | | |
| A | ANY PROPRIETOR/PARTNER/EXECUTIVE | ll | 001-WC09A-58695 | | 11/17/10 | 11/17/11 | E.L. EACH ACCIDENT | 2 | 500,000 | |
| 1 | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | E.L. DISEASE - EA EMPLOYEE | <u> </u> | 500,000 | |
| İ | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | 1 | *************************************** | \$ | 500,000 | |
| | | | | | | | E.L. DIGENSE POLICI LIMIT | • | 000,000 | |
| | | | | 1 | | | | | | |
| DESC Job: | RIPTION OF OPERATIONS / LOCATIONS / VEHICL Palm Beach County Four Points # | ES (Attach 08-496-0 | n ACORD 101, Additional Remarks So 1 | chedule, | if more space is | required) | | | | |
| CER | TIFICATE HOLDER | | | CANG | TI LATION | | | | | |
| | The state of the Carter and the Carter and C | | DALMPCO | CANC | ELLATION | | | | | |

Palm Beach County Florida/ Capital Improvements Div 2633 Vista Parkway

West Palm Beach,, FL 33411-5604

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2009 ACORD CORPORATION. All rights reserved.