

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2012	2013	2014	2015	2016
Capital Expenditures	\$229,845	\$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	0	0	0	0
NET FISCAL IMPACT	\$229,845	\$0	\$0	\$0	\$0
# Additional FTE Positions (Cumulative)	0	0	0	0	0

Is Item Included in Current Budget: Yes x No

Budget Account No:

Fund: 3804 Dept: 411 Unit: B511 Obj: 4907 \$229,845

Reporting Category _____

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

Construction	\$208,950
Contingency	\$20,895
Total	\$229,845

Funds are from the 5 year CIP/Renewal/Replacement Fund.

Departmental Fiscal Review: _____ *6-19-12*

III. REVIEW COMMENTS

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

OFMB

Contract Development & Control

A. Legal Sufficiency:

Assistant County Attorney

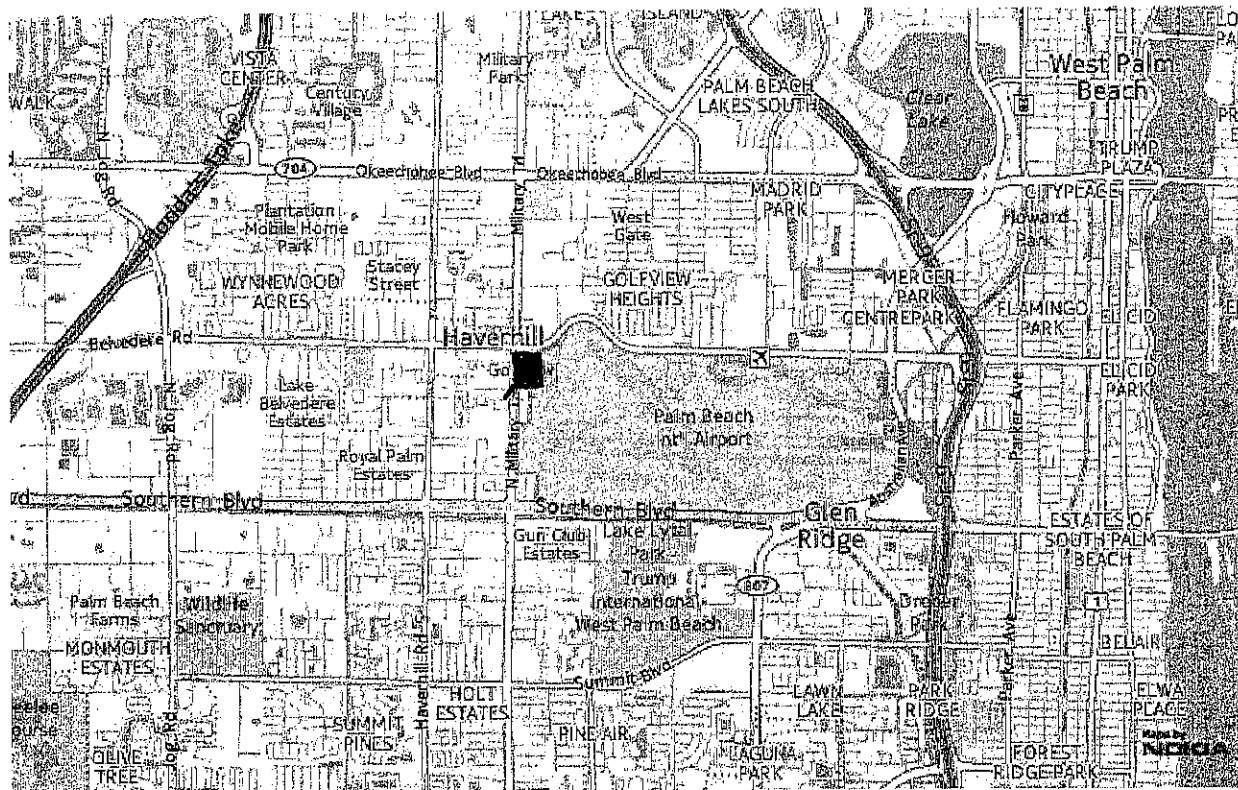
A. Other Department Review:

Department Director

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

LOCATION MAP

559 N Military Trl, West Palm Beach, FL 33415-1311



BUDGET AVAILABILITY STATEMENT

REQUEST DATE: 5/10/12

REQUESTED BY: Danny Racette

PHONE: 233-2057

PROJECT TITLE: Mounts Agriculture Center – exhibit hall – replace HVAC

PROJECT NO.: 10329

LOCATION: 559 N. Military Trail, West Palm Beach

LOCATION DESCRIPTION: Mounts Ag Center

BUILDING NUMBER: 127

CONTRACTOR/CONSULTANT NAME: Stokes Mechanical (HVAC)

Maximo
4551971

PROVIDE A BRIEF STATEMENT OF THE SCOPE OF SERVICES TO BE PROVIDED BY THE CONSULTANT/CONTRACTOR: Furnish all material, labor, supervision, permits and supplies necessary and reasonably incidental to provide and install (2) new hot gas reheat air cooled HVAC System in its entirety with BAC-NET electronic controls per the drawings and specifications provided by Capital Improvements Division.

WILL THIS AMENDMENT CHANGE THE ESTIMATED COST OF THE PROJECT? IF YES, PROVIDE ESTIMATES OF THE NEW COSTS:

CONSTRUCTION	\$208,950.00
ARCHITECT/ENGINEER/CONSULTANT	NA
STAFF COSTS*	\$ 2,800.00
EQUIPMENT/ OTHER	NA
CONTINGENCY	\$ 20,895.00
TOTAL	\$232,645.00

\$229,845.00

K Sykes

*By signing this BAS your department agrees to these staff costs and your account will be charged upon receipt of this BAS by FD&O. Unless there is a change in the scope of work, no additional staff charges will be billed.

BUDGET ACCOUNT NUMBERS (IDENTIFY ALL SOURCES) FUNDING SOURCE (CHECK ALL THAT APPLY)

3804-411-B511-4907

FUND: DEPT: UNIT: OBJ: SUBOBJ:

AD VALOREM OTHER / GRANT(S) FEDERAL/DAVIS BACON

If Grant(s), specify name of Grant(s): _____

SUBJECT TO INSPECTOR GENERAL FEE YES NO

BAS APPROVED BY *K Sykes* DATE: 5/14/12

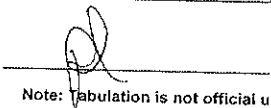
ENCUMBRANCE NUMBER: _____

BID SUMMARY
Mounts Agriculture Center Exhibit Hall - Replace HVAC
Project No. 10329

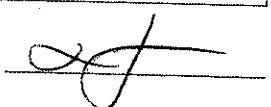
Bid Opening: April 26, 2012

Contractor	The Airtex Corporation	Farmer & Irwin Corporation	Precision Air Systems	Stokes Mechanical Contractor
BID	\$217,847.00	No bid submitted	No bid submitted	\$208,950.00
ADDENDUM ACKNOWLEDGED 1 & 2	N/A	N/A	N/A	N/A
ATTACHMENT 1 (BID BOND)	N/A	N/A	N/A	N/A
ATTACHMENT 2 (SBE SCHEDULE 1)	✓ 100%	N/A	N/A	✓ 21%
ATTACHMENT 2 (SBE SCHEDULE 2)	✓	N/A	N/A	✓
ATTACHMENT 3 (LIST OF SUB-CONTRACTORS)	N/A	N/A	N/A	N/A
ATTACHMENT 4 (TRENCH SAFETY AFFIDAVIT)	N/A	N/A	N/A	N/A
ATTACHMENT 6 (CERTIFICATION OF BUSINESS LOCATION)	N/A	N/A	N/A	N/A
ATTACHMENT 5A (GLADES CERTIFICATION OF BUSINESS LOCATION)	N/A	N/A	N/A	N/A
FEDERAL REQUIRED DOCUMENTS	N/A	N/A	N/A	N/A

Bid Documents Opened By: _____



Bid Documents Recorded By: _____



Note: Tabulation is not official until checked and certified by Capital Improvements Division



WORK ORDER
Work Order #12-032
Annual Contract: HVAC
R-2010-0068

To: **Stokes Mechanical Contractor, Inc.**
2001 7th Avenue
Lake Worth, FL 33461
Attention: Ms. Stokes

Project Location: 559 N. Military Trail, West Palm Beach (4551971)

Project # 10329

Title: Mounts Agriculture Center – exhibit hall – replace HVAC

Scope of Work: Furnish all material, labor, supervision, permits and supplies necessary and reasonably incidental to provide and install (2) – 12 ton hot gas bypass air cooled HVAC systems, in their entirety, per the drawings and specifications prepared by Gartek Engineering, Inc.


Amount of W.O.: \$208,950.00

Requisition Date: 5/15/12

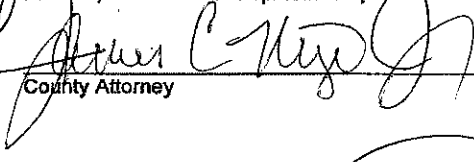
Account Number: 3804-411-B511-4907 (FDO-12HVAC)

Vendor Code: ECST0001

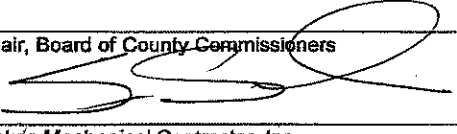
District: 7

PBC Representative:  6-4-12
Capital Improvements Division Date

Approval:  6/17/12
Director, Facilities Development & Operations Date

Approval:  6/29/12
County Attorney Date

Approval: _____ Date
Chair, Board of County Commissioners

Acknowledgment:  5-29-12
Stokes Mechanical Contractor, Inc. Date

SBE % Participation-to-Date _____ %
SBE % Participation this W.O. 21 %
*Specific goals for this contract are 15%.

- COPIES TO: Contract Development & Control..... April Smith
 Finance Brad Rubinson
 Fixed Assets..... Angelo DiPierro
 FD&O Fiscal Larry Schaner

STOKES

Only questions received in writing will be responded to regarding this solicitation for quote.
Questions may be faxed to (561) 233-0270

QUOTATION FORM

The Quotation Form shall be enclosed in a sealed opaque envelope. The envelope shall be addressed as follows:

10329
Mounts Agriculture Center Exhibit Hall - Replace HVAC
Capital Improvements Division
2633 Vista Parkway
West Palm Beach, FL 33411
Attention: Darrell Lange

No responsibility will be attached to the Owner for premature opening of or failure to open a quotation not properly identified. If the quotation is sent by mail, the sealed envelope shall be enclosed in a separate mailing with the notation "**SEALED QUOTE ENCLOSED**" on the face thereof.

In accordance with Palm Beach County Ordinance 2003-018 there shall be no communication other than written regarding this solicitation between any interested parties and any county representative between the Due Date and the Time of Award

PROJECT: **Mounts Agriculture Center Exhibit Hall- Replace HVAC**

PROJECT NO.: **10329**

DUE: **Thursday, April 26, 2012 2:00PM**

RETURN TO: Darrell Lange, Manager
 Capital Improvements Division
 2633 Vista Parkway
 West Palm Beach, FL 33411

SCHEDULE 1

LIST OF PROPOSED SBE-M/WBE PRIME AND/OR SUBCONTRACTOR PARTICIPATION

PROJECT NAME OR BID NAME: Mounts Agriculture Center Exhibit Hall – replace HVAC
 NAME OF PRIME BIDDER: Stokes Mechanical Contractor, Inc.
 CONTACT PERSON: Douglas Kline
 BID OPENING DATE: 4/26/12

PROJECT NO. OR BID NO.: 10329
 ADDRESS: 2001 7th Ave. No., Lake Worth, FL 33461
 PHONE NO.: 582-3589 FAX NO.: 582-3602
 USER DEPARTMENT: _____

THIS DOCUMENT IS TO BE COMPLETED BY THE PRIME CONTRACTOR AND SUBMITTED WITH BID PACKET. PLEASE LIST THE NAME, CONTACT INFORMATION AND DOLLAR AMOUNT OR PERCENTAGE OF WORK TO BE COMPLETED BY ALL SBE -M/WBE SUBCONTRACTORS ON THIS PROJECT. IF THE PRIME IS AN SBE-M/WBE, PLEASE ALSO LIST THE NAME, CONTACT INFORMATION AND DOLLAR AMOUNT OR PERCENTAGE OF WORK TO BE COMPLETED BY THE PRIME ON THIS PROJECT. THE PRIME AFFIRMS THAT IT WILL MONITOR THE SBES LISTED TO ENSURE THE SBES PERFORM THE WORK WITH ITS OWN FORCES.

Name, Address and Phone Number	(Check one or both Categories)		DOLLAR AMOUNT OR PERCENTAGE OF WORK				
	M/WBE Minority Business	SBE Small Business	Black	Hispanic	Women	Caucasian	Other (Please Specify)
1. Wisch & Jackson Co. of Florida, Inc. 861 Jupiter Park Dr., Suite A Jupiter, FL 33458 (561) 747-0484	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	_____	_____	\$15,300.
2. Godfrey Electric, Inc. 1222 Omar Rd., West Palm Beach, FL 33405 (561) 833-3753	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	_____	_____	\$24,150.
3. Tony Rodrigues Metal Framing, Inc. 220 Venus St., Unit 14, Jupiter, FL 33458 (561) 743-3118	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	_____	_____	\$3,800.
4. Perfect Balance, Inc. 50 S. US Hwy One, Suite 307 Jupiter, FL 33458 (561) 575-4919	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	_____	_____	\$1,200.
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
Total							\$44,450.

Total Bid Price \$ 208,950.

Total SBE-M/WBE Participation Dollar Amount or Percentage of Work \$44,450. (21%)

I hereby certify that the above information accurate to the best of my knowledge: _____
 Signature: Douglas Kline Title: Estimator

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

**OSBA SCHEDULE 2
LETTER OF INTENT TO PERFORM AS AN SBE-M/WBE SUBCONTRACTOR**

This document must be completed by the SBE-M/WBE Subcontractor and submitted with bid packet. Specify in detail, the particular work items to be performed and the dollar amount and/or percentage for each work item. SBE credit will only be given for items which the SBE-M/WBE Subcontractor is SBE certified to perform. Failure to properly complete Schedule 2 may result in your SBE participation not being counted.

PROJECT NUMBER: 10329 PROJECT NAME: Mounts Agriculture Center Exhibit Hall - replace HVAC
 TO: Stokes Mechanical
(Name of Prime Bidder)

The undersigned is certified by Palm Beach County as a - (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: 12-29-09 - 12-28-12

The undersigned is prepared to perform the following described work in connection with the above project. Additional Sheets May Be Used As Necessary

Line Item/ Lot No. Item Description	Qty/Units	Unit Price	Total Price/ Percentage
<u>Removal of Drywall</u>	_____	_____	_____
<u>Installation of Gypsum</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

at the following price or percentage \$3,800.-
(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 subcontract any portion of this job to a certified SBE or a non-SBE subcontractor, please list the name of the subcontractor and the amount below.

Price and/or Percentage _____ (Name of Subcontractor) _____

The Prime affirms that it will monitor the SBE's listed to ensure the SBE's perform the work with its own forces. The undersigned subcontractor affirms that it has the resources necessary to perform the work listed without subcontracting to non-certified SBE or any other certified SBE subcontractors except as noted above.

The undersigned subcontractor understands that the provision of this form to Prime Bidder does not prevent Subcontractor from providing quotations to other bidders.

STOKES MECHANICAL CONTRACTOR, INC.
Print name of Prime Contractor
 By: [Signature]
Signature
Douglas Kline, Estimator
Print name/title of person executing on behalf Prime Contractor

Tony Rodriguez Metal Framing, Inc.
Print name of SBE-M/WBE Subcontractor
 By: [Signature]
Signature
Tony Rodriguez/President
Print name/title of person executing on behalf of SBE/M/WBE Subcontractor

Date: 4-24-12

OSBA SCHEDULE 2

LETTER OF INTENT TO PERFORM AS AN SBE-M/WBE SUBCONTRACTOR

This document must be completed by the SBE-M/WBE Subcontractor and submitted with bid packet. Specify in detail, the particular work items to be performed and the dollar amount and/or percentage for each work item. SBE credit will only be given for items which the SBE-M/WBE Subcontractor is SBE certified to perform. Failure to properly complete Schedule 2 may result in your SBE participation not being counted.

PROJECT NUMBER: 10329 PROJECT NAME: Mounts Agriculture Center Exhibit Hall - replace HVAC
TO: Stokes Mechanical Contractor Inc
(Name of Prime Bidder)

The undersigned is certified by Palm Beach County as a - (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: April 17, 2011 - April 13, 2014

The undersigned is prepared to perform the following described work in connection with the above project. Additional Sheets May Be Used As Necessary

Line Item/ Lot No. Item Description	Qty/Units	Unit Price	Total Price/ Percentage
DW26 ELECTRICAL			24,150

at the following price or percentage #24,150.
(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 subcontract any portion of this job to a certified SBE or a non-SBE subcontractor, please list the name of the subcontractor and the amount below.

Price and/or Percentage _____
(Name of Subcontractor)

The Prime affirms that it will monitor the SBE's listed to ensure the SBE's perform the work with its own forces. The undersigned subcontractor affirms that it has the resources necessary to perform the work listed without subcontracting to non-certified SBE or any other certified SBE subcontractors except as noted above.

The undersigned subcontractor understands that the provision of this form to Prime Bidder does not prevent Subcontractor from providing quotations to other bidders.

STOKES MECHANICAL CONTRACTOR, INC.

Print name of Prime Contractor

By: [Signature]
Signature

Douglas Kline, Estimator
Print name/title of person executing on behalf
Prime Contractor

Godfrey Electric Inc

Print name of SBE-M/WBE Subcontractor

By: [Signature]
Signature

Albert G Godfrey Jr
Print name/title of person executing on behalf
of SBE/M/WBE Subcontractor

APR-26-2012 10:04

STOKES MECHANICAL

1 561 582 3602

P.001/001

OSBA SCHEDULE 2
LETTER OF INTENT TO PERFORM AS AN SBE-M/WBE SUBCONTRACTOR

This document must be completed by the SBE-M/WBE Subcontractor and submitted with bid packet. Specify in detail, the particular work items to be performed and the dollar amount and/or percentage for each work item. SBE credit will only be given for items which the SBE-M/WBE Subcontractor is SBE certified to perform. Failure to properly complete Schedule 2 may result in your SBE participation not being counted.

PROJECT NUMBER: 10329 PROJECT NAME: Mounts Agriculture Center Exhibit Hall - replace HVAC
TO: Stokes Mechanical Contractor, Inc.
(Name of Prime Bidder)

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

Small Business Enterprise X Minority Business Enterprise _____

Black _____ Hispanic _____ Women _____ Caucasian _____ Other (Please Specify) _____

Date of Palm Beach County Certification: April 10, 2012 to April 9, 2015

The undersigned is prepared to perform the following described work in connection with the above project. Additional Sheets May Be Used As Necessary

Line Item/ Lot No. Item Description	Qty/Units	Unit Price	Total Price/ Percentage
<u>Certified Test & Balance</u>	<u>1</u>	<u>1</u>	<u>1,200.00</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

at the following price or percentage

(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 subcontract any portion of this job to a certified SBE or a non-SBE subcontractor, please list the name of the subcontractor and the amount below.

Price and/or Percentage 0 / N/A
(Name of Subcontractor)

The Prime affirms that it will monitor the SBE's listed to ensure the SBE's perform the work with its own forces. The undersigned subcontractor affirms that it has the resources necessary to perform the work listed without subcontracting to non-certified SBE or any other certified SBE subcontractors except as noted above.

The undersigned subcontractor understands that the provision of this form to Prime Bidder does not prevent Subcontractor from providing quotations to other bidders.

STOKES MECHANICAL CONTRACTOR, INC.

PERFECT BALANCE, INC.

Print name of Prime Contractor
By: [Signature]
Signature

Print name of SBE-M/WBE Subcontractor
By: [Signature]
Signature

Douglas Kline, Estimator
Print name/title of person executing on behalf
Prime Contractor

William Halm, President
Print name/title of person executing on behalf
of SBE/M/WBE Subcontractor

Date: April 26, 2012

**OSBA SCHEDULE 2
LETTER OF INTENT TO PERFORM AS AN SBE-M/WBE SUBCONTRACTOR**

This document must be completed by the SBE-M/WBE Subcontractor and submitted with bid packet. Specify in detail, the particular work items to be performed and the dollar amount and/or percentage for each work item. SBE credit will only be given for items which the SBE-M/WBE Subcontractor is SBE certified to perform. Failure to properly complete Schedule 2 may result in your SBE participation not being counted.

PROJECT NUMBER: 10329 PROJECT NAME: Mounts Agriculture Center Exhibit Hall - replace HVAC
 TO: Stokes Mechanical
(Name of Prime Bidder)

The undersigned is certified by Palm Beach County as a - (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: 11/28/2011

The undersigned is prepared to perform the following described work in connection with the above project. Additional Sheets May Be Used As Necessary:

Line Item/ Lot No. Item Description	Qty/Units	Unit Price	Total Price/ Percentage
<u>1 BAS/Controls</u>	<u>1</u>	<u>\$ 15,300</u>	<u>\$ 15,300</u>

at the following price or percentage \$ 15,300
(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 subcontract any portion of this job to a certified SBE or a non-SBE subcontractor, please list the name of the subcontractor and the amount below:

Price and/or Percentage _____
(Name of Subcontractor)

The Prime affirms that it will monitor the SBE's listed to ensure the SBE's perform the work with its own forces. The undersigned subcontractor affirms that it has the resources necessary to perform the work listed without subcontracting to non-certified SBE or any other certified SBE subcontractors except as noted above.

The undersigned subcontractor understands that the provision of this form to Prime Bidder does not prevent Subcontractor from providing quotations to other bidders.

STOKES MECHANICAL CONTRACTOR, INC.

Print name of Prime Contractor
 By: [Signature]
Signature

Douglas Kline, Estimator
Print name/title of person executing on behalf
 Prime Contractor

Wisch and Jackson Co of FL Inc

Print name of SBE-M/WBE Subcontractor
 By: [Signature]
Signature

Ross Buckalter
Print name/title of person executing on behalf
 of SBE-M/WBE Subcontractor

SPECIFICATIONS
Annual HVAC Contract

Contact: Daniel Racette, Capital Improvements Division
Phone: (561) 233-2057
Project #: 10329
Project Name: Mounts Agriculture Center-Exhibit Hall (HVAC Replacement)
Project Location: 559 N. Military Trail ,West Palm Beach, FL

General Scope of work

The Contractor shall provide all permits, labor and materials to remove and install new HVAC system in its entirety, two (2) air handling units **Trane model # CSIA006 OR Pre Approved Equal** two (2) air cooled condensing units **Trane model # TTA180E30S OR Pre Approved Equal**, Items to be replaced include Native BAC-NET control system **Automated logic or Approved Equal**, Double wall ductwork, insulation refrigerant piping, supply diffusers, return air grilles, outdoor air louvers, thermostats, exhaust fans, electrical disconnect switches and other related accessories. All work shall be in accordance with the construction drawings prepared by Gartek Engineering (E-101, E-201, M-101, M-201, M-202, M-301, M-401, M-501), dated 1/18/12.

Division 01 - General Requirements

All work to be scheduled with Project Contact, (Daniel Racette) at (561) 262- 9374 forty-eight (48) hours prior to commencement of work. Access to County Facilities will be denied unless prior approval is received and a Vendor Performance Report will be filed for any violation of this contract.

- 1- Vendor will be responsible for all permit fees, fire alarm engineering, labor and materials where applicable.
- 2- The building will be closed for a period of Thirty (30) days to complete the project. The Contractor will have unlimited access to all building areas during this time.
- 3- Work will be performed during normal hours, Monday through Friday, 8:00 AM - 5:00 PM with weekend work as needed to meet the project schedule.
- 4- All submittals & samples shall be reviewed by the engineers and shall be approved prior to acceptance.
- 5- Protect all existing finishes & furnishings with plastic sheeting and hardboard.
- 6- Work shall be completed within one hundred (100) days from receipt of notice to proceed
- 7- The work covered by this Request for Quote includes all items necessary to accomplish the items set forth below and shall be considered part of the Scope of Work.
- 8- Please reference the Annual HVAC Contract for additional requirements.

Division 02 - Existing Conditions

1. Temporarily remove acoustical ceilings in the work area.
2. Provide selective demolition for all items noted to be removed by the contract documents, including, but not limited to: sheet metal ductwork, flexible ductwork, diffusers & grilles, two (2) split system air handling units & condensing units, refrigerant piping, electrical wiring, HVAC controls, HVAC louvers
3. Remove drywall ceilings in the toilet rooms to replace the exhaust fans and in the mechanical room to replace the ductwork.
4. Saw cut masonry walls for new HVAC louvers.
5. All new finishes, colors and coatings shall match existing conditions, or be specified by the County in Division 09.

Division 03 - Concrete

1. Enlarge the existing equipment pads to accommodate the new HVAC equipment. Excavate & compact earth around the existing condensing unit pads and provide 6" thick reinforced concrete. Provide rebar dowels to anchor the new concrete to the existing pads.

Division 05 - Metals

1. Provide strut channel and hanger rod as needed to support double-wall ducts in the mechanical room and for electrical conduit from the electrical room. Provide galvanized strut to support disconnect switches and refrigerant piping outdoors.
2. Provide stainless steel wire rope and hardware to secure outdoor equipment to the concrete pads to protect against damage from high velocity winds.

Division 06 - Wood, Plastics & Composites

1. Carefully cut wood siding around HVAC louvers to accommodate larger louvers. Provide new furring and wood siding to box-out around new recessed louvers and paint to match existing.

Division 08 - Openings

1. Provide hinged access doors and new drywall ceilings for access to HVAC equipment & controls.

Division 09 - Finishes

1. Install new 5/8" Type X drywall at wall openings where return grilles have been removed.
2. Install new 5/8" Type X drywall to repair the ceilings in the toilet rooms and mechanical room.
3. Finish all new drywall to Level-4 to receive paint.



2. Provide new sod & irrigation to repair all areas damaged during construction.
3. Provide gravel around new condensing units, per plans.

10329

PUBLIC CONSTRUCTION BOND

BOND NUMBER 964115117
BOND AMOUNT \$208,950.00
CONTRACT AMOUNT \$208,950.00
CONTRACTOR'S NAME: E.C. Stokes Mechanical Contractor, Inc.
CONTRACTOR'S ADDRESS: 2001 7th Avenue North, Lake Worth, FL 33461
CONTRACTOR'S PHONE: (561) 582-3589
SURETY COMPANY: Liberty Mutual Insurance Company
SURETY'S ADDRESS: 175 Berkeley Street
Boston, MA 02116

SURETY'S PHONE 800-367-2230

OWNER'S NAME: PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS
CAPITAL IMPROVEMENTS DIVISION
OWNER'S ADDRESS: 2633 Vista Parkway
West Palm Beach, FL 33411-5607
OWNER'S PHONE: (561) 233-2060

DESCRIPTION OF WORK: Provide and install (2) 12-ton hot gas bypass air cooled
HVAC systems, in their entirety, per Drawings and Specifications prepared by
Gartek Engineering, Inc.
PROJECT LOCATION: 559 N.Military Trail, West Palm Beach, FL

LEGAL DESCRIPTION: 559 No. Military Trail, West Palm Beach, 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 hereinbelow defined, in the amount of

Two Hundred Eight Thousand Nine Hundred Fifty and 00/100
(\$ 208,950.00)

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 entered into a contract with the County for

Project Name: Mounts Agriculture Center Exhibit Hall Replace HVAC
Project No.: 10329
Project Description: Provide & Install (2) 12-ton Hot Gas Bypass Air Cooled HVAC
Project Location: 559 N. Military Trail, WPB, FL Systems

in accordance with Design Criteria Drawings and Specifications prepared by
Gartek Engineering Corporation
4723 W. Atlantic Ave., Suite A18
Delray Beach, FL 33445
(561) 637-8909

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 between Principal and County for the construction of (2) 12-ton Air Cooled HVAC Systems, 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

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.

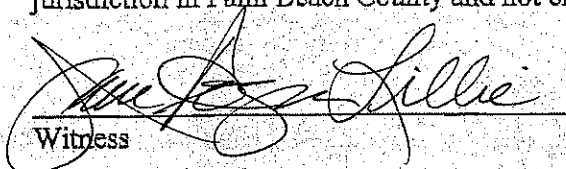
5. Any changes in or under the contract documents and compliance or noncompliance with any formalities connected with the contract or the changes does not affect Surety's obligation under this bond and Surety waives notice of such changes.

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.

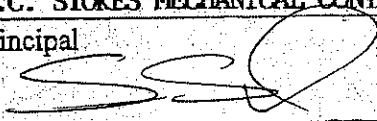
7. Principal and Surety expressly acknowledge that any and all provisions relating to consequential, delay and liquidated damages contained in the contract are expressly covered by and made a part of this Performance, Labor and Material Payment Bond. Principal and Surety acknowledge that any such provisions lie within their obligations and within the policy coverages and limitations of this instrument.

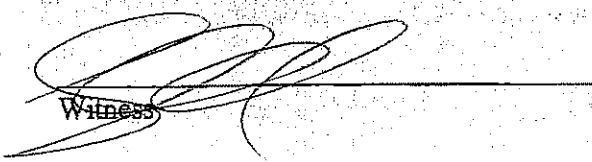
8. Section 255.05, Florida Statutes, as amended, together with all notice and time provisions contained therein, is incorporated herein, by reference, in its entirety. Any action instituted by a claimant under this bond for payment must be in accordance with the notice and time limitation provisions 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 court of competent jurisdiction in Palm Beach County and not elsewhere.

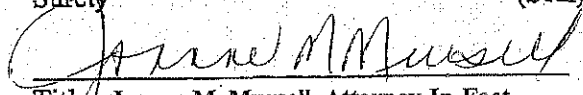

Witness

E.C. STOKES MECHANICAL CONTRACTOR, INC.
Principal (Seal)


Title Susan Stokes, President


Witness

LIBERTY MUTUAL INSURANCE COMPANY
Surety (Seal)


Title Joanne M. Mursell, Attorney-In-Fact

FORM OF GUARANTEE

GUARANTEE FOR (Contractor and Surety Name) E.C. Stokes Mechanical Contractor, Inc.
AND Liberty Mutual Insurance Company

We the undersigned hereby guarantee that the Mounts Agriculture Ctr Exhibit Hall HVAC Replacement Palm Beach County, Florida, which we have constructed and bonded, has been done in Proj.#10329 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 our work, together with any work of others 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 Substantial Completion of all 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 by the County. When correction work is started, it shall be carried through to completion.

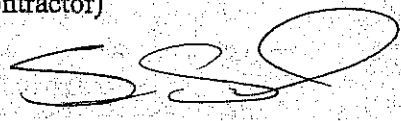
In the event of our failure to acknowledge notice, and commence corrections of defective work within five (5) working days after being notified in writing by the Board of County Commissioners, Palm Beach County, Florida, we, collectively or separately, do hereby authorize Palm Beach County to proceed to have said defects repaired and made good at our expense and we will honor and pay the costs and charges therefore upon demand.

DATED _____

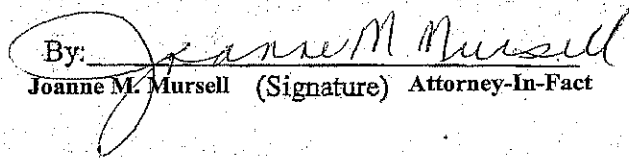
(Date to be filled in at substantial completion)

SEAL AND NOTARIAL ACKNOWLEDGMENT OF SURETY

E.C. Stokes Mechanical Contractor, Inc.
(Contractor) (Seal)

By: 
Susan Stokes (Signature) President

Liberty Mutual Insurance Company
(Surety) (Seal)

By: 
Joanne M. Mursell (Signature) Attorney-In-Fact

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

5184917

Certificate No. _____

American Fire and Casualty Company
The Ohio Casualty Insurance Company
West American Insurance Company

Liberty Mutual Insurance Company
Peerless Insurance Company

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That American Fire & Casualty Company and The Ohio Casualty Insurance Company are corporations duly organized under the laws of the State of Ohio, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, that Peerless Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, **GERALD J. ARCH, JAMES F. MURPHY, SHAWN A. BURTON, JOANNE M. MURSELL, MICHAEL A. HOLMES,**

all of the city of FT. LAUDERDALE, state of FLORIDA each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 22nd day of February, 2012.



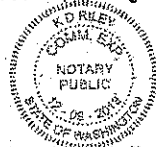
American Fire and Casualty Company
The Ohio Casualty Insurance Company
Liberty Mutual Insurance Company
Peerless Insurance Company
West American Insurance Company

By: Gregory W. Davenport
Gregory W. Davenport, Assistant Secretary

STATE OF WASHINGTON ss
COUNTY OF KING

On this 22nd day of February, 2012, before me personally appeared Gregory W. Davenport, who acknowledged himself to be the Assistant Secretary of American Fire and Casualty Company, Liberty Mutual Insurance Company, The Ohio Casualty Company, Peerless insurance Company and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Seattle, Washington, on the day and year first above written.



By: KD Riley
KD Riley, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, West American Insurance Company and Peerless Insurance Company, which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS - Section 12. Power of Attorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts - SECTION 5, Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes Gregory W. Davenport, Assistant Secretary to appoint such attorney-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, David M. Carey, the undersigned, Assistant Secretary, of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, West American Insurance Company and Peerless Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 4th day of June, 2012.



By: David M. Carey
David M. Carey, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, bank deposit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

DATE (MM/DD/YYYY)
03/30/12



CERTIFICATE OF LIABILITY INSURANCE

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 REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) 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).

PRODUCER Brown & Brown of Florida, Inc. 1201 W Cypress Creek Rd # 130 P.O. Box 5727 Ft. Lauderdale, FL 33310-5727 Pam J. Chomyszak, CPCU, CCLA	954-776-2222	CONTACT NAME:	
	954-776-4446	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Travelers Indem Co of America			25666
INSURER B : Charter Oak Fire Insurance Co			25615
INSURER C : Travelers Prop Cas Co of Amer			25674
INSURER D : Bridgefield Employers Ins. Co			10701
INSURER E :			
INSURER F :			

INSURED
E.C. Stokes Mechanical Contractor, Inc. d/b/a Stokes Mechanical Contractor
 2001 7th Avenue North
 Lake Worth, FL 33461-

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		DTCO6793X88ATIA12	04/01/12	04/01/13	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COM/OP AGG \$ 2,000,000
						Emp Ben. \$ 1,000,000
B	AUTOMOBILE LIABILITY		DT8106793X88ACOF12	04/01/12	04/01/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> Coll \$1000	<input checked="" type="checkbox"/> Comp \$1000				\$
C	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	DTSMCUP6793X88ATIL12	04/01/12	04/01/13	EACH OCCURRENCE \$ 5,000,000
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 5,000,000
	DED <input checked="" type="checkbox"/>	RETENTION \$ 10,000				\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		83050552	04/01/12	04/01/13	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

RECEIVED
 CAPITAL IMPROVEMENTS DIV

APR 02 2012

FILE: _____
 CC: _____

CERTIFICATE HOLDER PBC Board of County Commissioners; Facilities Development & Operations Dept 2633 Vista Parkway West Palm Beach, FL 33411	CANCELLATION 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 