

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

3H-11

AGENDA ITEM SUMMARY

Meeting Date: January 14, 2014

Consent Regular
 Ordinance Public Hearing

Department: Facilities Development & Operations

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Amendment No. 5 to Contract with Precision Air Systems, Inc. (R2010-0065) to implement the fourth and final renewal of the Annual HVAC Contract with a maximum value of \$2,000,000.

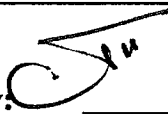
Summary: Amendment No. 5 is the final renewal to the Annual HVAC Contract which was awarded to Precision Air Systems, Inc. The Contractor will continue to perform on HVAC projects for various facilities. The Annual HVAC Contract is an indefinite-quantity contract and this renewal has a maximum value of \$2,000,000. The capacity is shared and work orders are awarded based on competitive quotes/bids issued to all six (6) participating contractors. The renewal term is for twelve (12) months or until \$2,000,000 in work orders are issued in this term. Staff is bringing forward the amendment at this time based on expiration of the term. All terms of the original contract remain in effect. This is the fourth and final renewal allowed by the contract. The goal for Small Business Enterprise (SBE) participation is 15% and will be tracked cumulatively for each work order issued. This is a bond waiver contract. The cumulative value of active work orders at any time will be limited to \$200,000 per contractor. Precision Air Systems, Inc.'s SBE participation for work orders issued to date is 10.55%. Precision Air Systems, Inc. is a Palm Beach County company and is a certified SBE contractor. (FD&O Admin) Countywide (JM)

Background and Justification: Amendment No. 5 is the fourth and final renewal to the Annual Contract - HVAC which was awarded to Precision Air Systems, Inc. on January 12, 2010 and renewed on January 11, 2013. The contractor will continue to perform as an Annual HVAC Contractor for installation, repair, and/or replacement of HVAC systems on an "as-needed" basis for projects typically under \$100,000 each. This annual HVAC contract is an indefinite-quantity contract and this renewal has a maximum value of \$2,000,000 among the pool of Annual HVAC Contractors. The renewal term is for twelve (12) months or until the renewal limit of \$2,000,000 is reached.

Attachments:

Amendment No. 5

Recommended by:

 Armany Wolf
Department Director

12/18/13
Date

Approved by:


County Administrator

1/14/14
Date

II. FISCAL IMPACT ANALYSIS

544

A. Five Year Summary of Fiscal Impact:

Fiscal Year	2014	2015	2016	2017	2018
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	0	0	0	0
NET FISCAL IMPACT	*\$0	0	0	0	0
# Additional FTE Positions (Cumulative)	C	C	C	C	C

Is Item Included in Current Budget? Yes X No

Budget Account No:

Reporting Category _____

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

* Potential maximum fiscal impact is \$2,000,000. Work Orders requiring BCC approval will be brought to the Board and fiscal impact will be addressed at that time; otherwise, funding will come from previously approved BCC projects.

C. Departmental Fiscal Review: _____ *12-19-13*

III. REVIEW COMMENTS

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

OFMB *[Signature]* 12/20
12/20 9/12

[Signature] 12/30/13
Contract Dev. and Control
12-30-13 B. Collector

A. Legal Sufficiency:
[Signature] 12/31/13
Assistant County Attorney

A. Other Department Review:

Department Director

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

AMENDMENT No. 5 TO ANNUAL HVAC CONTRACT

This Agreement amends the Contract between Palm Beach County (County) and Precision Air Systems, Inc. (Contractor) authorized pursuant to Palm Beach County Resolution (R-2010-0065).

The Contract provided that the Contractor would act as an annual HVAC Contractor working within the annual capacity as established below:

	Effective Date	End Date	Capacity
Original Contract	January 12, 2010	January 11, 2011	\$2,000,000
Renewal #1	January 12, 2011	January 11, 2012	\$2,000,000
Renewal #2	January 12, 2012	January 11, 2013	\$2,000,000
Renewal #3	January 12, 2013	January 11, 2014	\$2,000,000

Amendment No. 1 dated September 30, 2010, was approved by FD&O Director and amended the contract to include the Inspector General language.

Amendment No. 2 Renewal No. 1 extends the term of the original contract from January 12, 2011 through January 11, 2012. The renewal term is for twelve (12) months or until \$2,000,000 in work orders are issued.

Amendment No. 3 Renewal No. 2 extends the term of the original contract from January 12, 2012 through January 11, 2013. The renewal term is for twelve (12) months or until \$2,000,000 in work orders are issued.

Amendment No. 4 Renewal No. 3 extends the term of the original contract from January 12, 2013 through January 11, 2014. The renewal term is for twelve (12) months or until \$2,000,000 in work orders are issued.

Amendment No. 5 Renewal No. 4 extends the term of the original contract from January 12, 2014 through January 11, 2015. The renewal term is for twelve (12) months or until \$2,000,000 in work orders are issued.

Except as amended herein, all provisions of the existing contract shall remain in full force and effect.

ATTEST
Sharon R. Bock, Clerk & Comptroller

BOARD OF COUNTY COMMISSIONERS

Deputy Clerk

Witness:

Precision Air Systems, Inc.

Maureen Schneider
Printed Name

[Signature]
Signature

[Signature]
Signature

President
Title

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS
AND CONDITIONS

[Signature]
County Attorney

[Signature]
Audrey Wolf, Director
Facilities Development & Operations



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/8/2013

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 Wells Fargo Insurance Services USA, Inc. 2054 Vista Parkway, Suite 400 West Palm Beach FL 33411-2718	CONTACT NAME: Brian Cronin PHONE (A/C, No, Ext): (561) 655-5500 E-MAIL ADDRESS: FAX (A/C, No): (561) 655-5509
INSURED Precision Air Systems, Inc. 11101 South Crown Way, Suite 2 Wellington FL 33414	INSURER(S) AFFORDING COVERAGE INSURER A: Southern Owners INSURER B: Covington Specialty Insurance INSURER C: Harleysville Mutual Ins Co INSURER D: INSURER E: INSURER F:
	NAIC# 13027

COVERAGES CERTIFICATE NUMBER: Cart ID 385437 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 LTR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC		72723770	2/11/2013	2/11/2014	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 \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		BA00000076195E	2/11/2013	4/11/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		4830035600	2/11/2013	2/11/2014	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Installation Floater		72721615	2/11/2013	2/11/2014	\$500 deductible \$ 50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Blanket Additional Insured including Products & Completed Operations applies to General Liability when required by written contract.

Certificate holder is listed as additional insured in respects to general liability

RECEIVED
CAPITAL IMPROVEMENTS

CERTIFICATE HOLDER

FEB 14 2013

CANCELLATION

FILE: _____
CC: _____
Palm Beach County Facilities
Procurement & Project Implementation Grp
2633 Vista Parkway
West Palm Beach FL 33411

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

B.P.C.

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ACORD 25 (2010/05)

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CERTIFICATE COVERAGES OVERFLOW

DATE (MM/DD/YYYY) 2/8/2013

PRODUCER Wells Fargo Insurance Services USA, Inc. 2054 Vista Parkway, Suite 400 West Palm Beach FL 33411-2718		INSURED Precision Air Systems, Inc. 11101 South Crown Way, Suite 2 Wellington FL 33414	
CONTACT NAME: Brian Cronin		PHONE (A/C, No, Ext): (561) 655-5500	

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in this policy. If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

ADDITIONAL COVERAGES **CERTIFICATE NUMBER: Cert ID 385437** **REVISION NUMBER:**

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	Equipment Floater			72723770	2/11/2013	2/11/2014	Blanket/Leased/Rented Equipment \$ 50,000
B	Property Policy				2/11/2013	2/11/2014	See remarks \$ see remarks
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CERTIFICATE OF LIABILITY INSURANCE

PRECEDENCE OF ID. NO.
DATE (MM/DD/YYYY)
12/04/13

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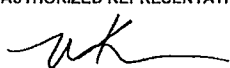
PRODUCER Brown & Brown of Florida, Inc. 1201 W Cypress Creek Rd # 130 P.O. Box 5727 Ft. Lauderdale, FL 33310-5727 Daniel A. Touchet	954-776-2222 954-776-4446	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Precision Air Systems, Inc. 11101 South Crown Way Suite 2 Wellington, FL 33414	INSURER A : *FFVA Mutual Insurance Co.+		10385
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

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

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	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) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC84000213282014A	01/01/14	01/01/15	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
HVAC Mechanical Contractor

CERTIFICATE HOLDER PALMBAC Palm Beach County Facilities Procurement & Project Implementation Group 2633 Vista Pkwy. 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 
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