

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

| | | |
|---|---|---|
| Meeting Date: July 10, 2018 | <input checked="" type="checkbox"/> Consent | <input type="checkbox"/> Regular |
| | <input type="checkbox"/> Workshop | <input type="checkbox"/> Public Hearing |
| Department: Facilities Development and Operations | | |

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve:

- A) A Budget transfer of \$460,000 within the Fire Rescue Improvement Fund (3700) from Fire Rescue Capital Reserves to Fire Station 19 Remediation and Repairs to fully fund this project; and
- B) Amendment No. 4 to the contract with Trillium Construction Inc. (R2016-0764) in the amount of \$1,365,630 for the repair and renovation of Fire Station No. 19 in Jupiter, establishing a Guaranteed Maximum Price (GMP).

Summary: Amendment No. 4 authorizes the repair and renovation of Fire Station 19 which was damaged by water intrusion associated with a vehicle accident with the station's backflow device last year requiring the demolition and reconstruction of the interior north side of the building and replacing the destroyed items that were located within that area of the station. Amendment No. 4 also includes the renovation of the remainder of the station to update the layout to comply with new standards for the separation of the bunker gear from the apparatus bay, single occupancy dorms and restrooms as well as several other renewal/replacement projects. Amendment No. 4 establishes a Guaranteed Maximum Price (GMP) of \$1,365,630 and 218 days for completion. The GMP includes the cost of the work, the construction manager's fee and contractor contingency. Small Business Enterprise (SBE) participation goal established by the SBE Ordinance is 15%. Trillium Construction Inc.'s SBE participation for this Amendment is 37%. Trillium Construction Inc. is a Palm Beach County business and is using local subcontractors for 91% of the work. This item is being presented to the Board for approval as the amount of the GMP exceeds the \$1,290,000 the staff authorization level approved previously by the Board. Funding for this work is from the Fire Rescue MSTU Contingency and will be partially offset by an insurance claim. (Capital Improvements Division) District 1 (LDC)



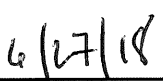


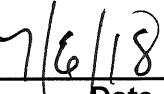
Background and Justification: Construction Manager (CM) at Risk is a project delivery method in which the CM provides design phase assistance, evaluation of cost, schedule and implications of alternate designs, systems and materials, and serves as general contractors issuing the subcontracts for construction.

Fire Station 19 is located at 322 North Central Boulevard in Jupiter and was opened in November 1998. On June 8, 2017, just after midnight, a vehicle traveling north on Central Boulevard crossed over to the west side of the roadway and struck the 4" backflow device in the front of Fire Station 19. The backflow device was broken and discharged large amounts of water onto the fire station's roof. This large continuous flow of water overloaded the roof and water poured into the ceiling and walls creating significant damage. This water intrusion flooded and destroyed the entire crew side of the fire station with approximately 12" of water inside the building.

The repairs to the fire station due to the flood include the demolition and reconstruction of the interior of the north side of the building (new ceilings, drywall, doors, electrical receptacles, light fixtures, fire alarm system, case work and flooring), as well as replacing the destroyed items that were located within that area of the fire station.

Continued on page 3

- Attachments:
- 1. Location Map
 - 2. Budget Transfer
 - 3. Budget Availability Statement
 - 4. Amendment No. 4

| | | |
|---|---|---|
| Recommended by:  |  |  |
| | Department Director | Date |
| Approved by:  |  |  |
| | County Administrator | Date |

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

| Fiscal Years | 2018 | 2019 | 2020 | 2021 | 2022 |
|--------------------------|---------------------------|-------------------|-------------------|-------------------|-------------------|
| Capital Expenditures | <u>\$1,475,550</u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| Operating Costs | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| External Revenues | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| Program Income (County) | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| In-Kind Match (County) | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| NET FISCAL IMPACT | <u>\$1,475,550</u> | <u>-0-</u> | <u>-0-</u> | <u>-0-</u> | <u>-0-</u> |

ADDITIONAL FTE
POSITIONS (Cumulative)

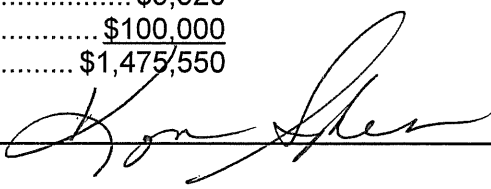
| | | | | |
|--|-----|-------------------|----|-------------------|
| Is Item Included in Current Budget: | Yes | <u> X </u> | No | <u> </u> |
| Does this item include use of federal funds? | Yes | <u> </u> | No | <u> X </u> |

Budget Account No: Fund 3700 Dept 441 Unit F116 Object 6502

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


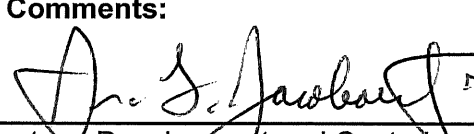
The additional funding for this work is from the Fire Rescue Improvement Fund Capital Reserves. An insurance claim was processed by Risk Management and insurance proceeds were received in the amount of approximately \$282,000 and will be returned to the Fire Rescue Improvement Fund (3700).

| | |
|--------------------|-------------|
| Construction | \$1,365,630 |
| Staff Costs | \$9,920 |
| Contingency | \$100,000 |
| Total | \$1,475,550 |

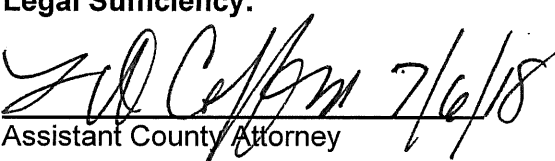
C. Departmental Fiscal Review: 

III. REVIEW COMMENTS

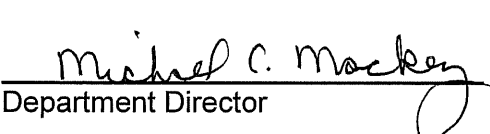
A. OFMB Fiscal and/or Contract Development Comments:

| | |
|---|--|
| <u></u> 7/2/18 OFMB <u>7/2/18</u> | <u></u> 7/5/18 Contract Development and Control <u>7/5/18</u> |
|---|--|

B. Legal Sufficiency:

 7/6/18
Assistant County Attorney

C. Other Department Review:


Department Director

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

Page 3
Background and Justification

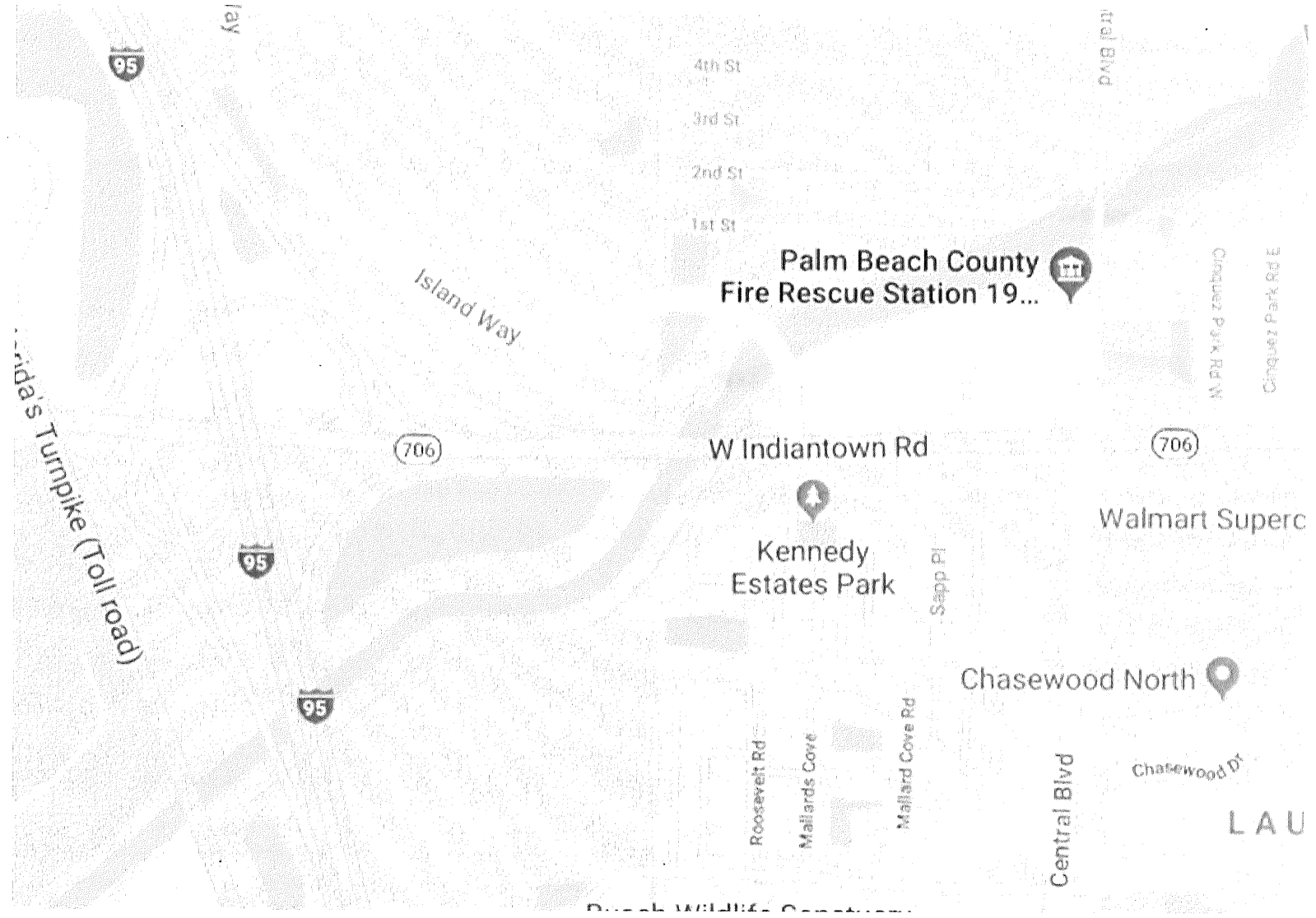
On August 15, 2017, Staff brought an item to the BCC requesting authority for the County Administrator to execute, on the Board’s behalf, a Guaranteed Maximum Price Amendment (“GMP”) to the contract with the Trillium in an amount not to exceed \$1,290,000 for the repair and renovation of the Fire Station. However, the GMP exceeds that amount so Board approval is required.

Due to the extent of the damage, staff relocation and required construction efforts, Staff recommended that the roof be replaced as part of the repair project and that work has already been completed. The roof was 19 years old with a useful life expectancy of 20 years, so the decision to proceed with this work was sound. Select upgrades to the bunk area and Captains quarters are going to be accomplished as well in order to avoid disrupting station operations a second time. For the same reasoning including that the crew was already relocated to temporary quarters, Fire Rescue requested that all renovations required to bring this station into compliance with standards/features at newly constructed stations be accomplished.

The increase in cost of the work is due to the additional renovations requested by Fire Rescue and include: 1) the relocation of the bunker gear from the apparatus bay to a separate area and replacement of gear cabinetry in the apparatus bay with new storage spaces, 2) replacement of all tile flooring with a solid epoxy floor material, 3) remodeling of kitchen to include larger appliances, hood, island and seating, 4) remodeling of group toilet/shower areas to single occupancy, 5) reconfigure of space for private sleeping quarters, and 6) addition of public restroom. This budget transfer will provide the necessary funding for these additional renovations.

The total cost of the repair and renovation project is as follows:

| | |
|--|-------------|
| Design | \$80,259 |
| Pre-Construction Services | \$8,975 |
| Relocation (Temp. onsite facilities) | \$78,520 |
| Roof | \$193,765 |
| Construction | \$1,365,630 |
| Staff Charges | \$9,920 |
| Contingency..... | \$100,000 |
| TOTAL..... | \$1,837,069 |



Attachment 1

18-0811

BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET TRANSFER

FUND 3700 - FIRE RESCUE IMPROVEMENT FUND

| ACCT NUMBER | ACCOUNT NAME | ORIGINAL BUDGET | CURRENT BUDGET | INCREASE | DECREASE | ADJUSTED BUDGET | EXPENDED/ ENCUMBERED 06/20/18 | REMAINING BALANCE |
|---|-----------------------------|--------------------|-------------------|----------|----------|--------------------|-------------------------------------|----------------------|
| <u>Expenditures</u> | | | | | | | | |
| <u>Fire Station 19 Remediation and Repairs</u> | | | | | | | | |
| 3700-441-F116-6502 | Building Construction - CIP | 0 | 1,225,111 | 460,000 | | 1,685,111 | 253,140 | 1,431,971 |
| <u>Fire Rescue Capital Reserves</u> | | | | | | | | |
| 3700-441-9900-9901 | Contingency Reserves | 617,405 | 1,004,301 | | 460,000 | 544,301 | | 544,301 |
| | | 14,821,846 | 16,231,718 | 460,000 | 460,000 | 16,231,718 | | |

| | | | |
|---|--------------------------------|-------------------|---|
| Fire Rescue | Signatures | Date | By Board of County Commissioners |
| INITIATING DEPARTMENT/DIVISION | <i>Chapelakis for M. Marty</i> | <i>06/21/2018</i> | At Meeting of 07/10/18 |
| Administration/Budget Department Approval | <i>Joe Pons</i> | <i>7/2/18</i> | |
| OFMB Department - Posted | | | Deputy Clerk to the Board of County Commissioners |

BUDGET AVAILABILITY STATEMENT

REQUEST DATE: 06/20/18

REQUESTED BY: Anthony Longo

PHONE: 233-0219

PROJECT TITLE: Fire-Rescue Station No. 19 Renovations
(Same as CIP or IST, if applicable)

ORIGINAL CONTRACT AMOUNT: N/A – Annual

IST PLANNING NO.:

REQUESTED AMOUNT: \$1,475,550

BCC RESOLUTION#: R-2016-0764
DATE: 06/21/16

CSA or CHANGE ORDER NUMBER: Amendment #4

LOCATION: 322 N. Central Blvd., Jupiter

BUILDING NUMBER:

DESCRIPTION OF WORK/SERVICE LOCATION:

PROJECT/W.O. NUMBER: 17520

CONSULTANT/CONTRACTOR: Trillium Construction Inc.

PROVIDE A BRIEF STATEMENT OF THE SCOPE OF SERVICES TO BE PROVIDED BY THE CONSULTANT/CONTRACTOR:

GMP for construction services.

| | |
|-----------------------|-------------|
| CONSTRUCTION | \$1,365,630 |
| PROFESSIONAL SERVICES | \$ |
| STAFF COSTS* | \$ 9,920 |
| EQUIP. / SUPPLIES | \$ |
| CONTINGENCY | \$ 100,000 |
| TOTAL | \$1,475,550 |

* By signing this BAS your department agrees to these CID staff charges 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. If this BAS is for construction costs of \$250,000 or greater, staff charges will be billed as actual and reconciled at the end of the project. If the project requires Facilities Management or ESS staff your department will be billed actual hours worked upon project completion.

BUDGET ACCOUNT NUMBER(S) (Specify distribution if more than one and order in which funds are to be used):

FUND: 3700

DEPT: 441

UNIT: F116

OBJ: 6502

IDENTIFY FUNDING SOURCE FOR EACH ACCOUNT: (check and provide detail for all that apply)

- ☒ Ad Valorem (Amount \$ 1,475,550) ☐ Infrastructure Sales Tax (Amount \$ _____)
- ☐ State (source/type: _____ Amount \$ _____) ☐ Federal (source/type: _____ Amount \$ _____)
- ☐ Grant (source/type: _____ Amount \$ _____) ☐ Impact Fees: (Amount \$ _____)
- ☐ Other (source/type: _____ Amount \$ _____)

Department: _____

BAS APPROVED BY: Michael C. Mackey

DATE 6/21/18

ENCUMBRANCE NUMBER: _____

Attachment 3

**AMENDMENT NO. 4 TO CONTRACT FOR
CONSTRUCTION MANAGEMENT SERVICES
FIRE-RESCUE STATION NO. 19 RENOVATIONS
PROJECT NO. 17520**

This Amendment is made as of _____ by and between Palm Beach County, a political subdivision of the State of Florida, hereinafter referred to as Owner, and Trillium Construction Inc., a Florida corporation, hereinafter referred to as "Construction Manager".

WHEREAS, the Owner and Construction Manager acknowledge and agree that the Contract dated 06/21/16 between Palm Beach County ("Owner") and Trillium Construction Inc.. ("Construction Manager") (R2016-0764) ("Contract") is in full force and effect and that they intend to supplement the Contract by execution of this Amendment; and

WHEREAS, the Contract between Owner and Construction Manager requires that Construction Manager has rendered or will render pre-construction services as specified therein; and

WHEREAS, the parties have negotiated a Guaranteed Maximum Price as required by the Contract, which includes Construction Manager's fees for construction and warranty services and such other services as set forth herein and in the Contract.

NOW THEREFORE, in exchange for the mutual covenants and promises set forth in the Contract and herein, and in consideration of the sums of money agreed to be paid by the Owner to the Construction Manager, the parties agree as follows:

1. The foregoing recitals are true and correct and incorporated herein by reference.
2. The Construction Manager represents that the Construction Manager, Subcontractors, material and equipment suppliers have compared Phasing, Demolition, Architectural, Structural, Mechanical, Electrical, Plumbing, Civil and Site Drawings and Specifications and have compared and reviewed all general and specific details on the Drawings and that all conflicts, discrepancies, errors and omissions, which are within the commonly accepted knowledge based of a licensed general contractor, subcontractor, trades persons, manufacturers or other parties required to carry out the Work involved in this Amendment, have been corrected or clarified prior to execution of this GMP Amendment to the Contract, and therefore Construction Manager warrants that the GMP (exclusive of contingency) includes the cost of correcting all conflicts, discrepancies, errors, or omissions which Construction Manager identifies, or should have identified through the exercise of reasonable skill and care, during the preconstruction phase of this Contract.
3. The Construction Manager's review and comparison of all Drawings has taken into consideration the total and complete functioning of all systems and therefore the Construction Manager represents that the GMP represents the total cost for complete and functional systems and the GMP is established as follows:

a) **GUARANTEED MAXIMUM PRICE**

Pursuant to Article 2.2 and Article 6 of the Contract between Owner and Construction Manager, the parties have agreed to the establishment of a Guaranteed Maximum Price of **\$1,365,630.00** for the construction costs of Fire-Rescue Station No. 19 Renovations, as set forth on Exhibit "A" attached hereto and incorporated herein by reference.

b) SCHEDULE OF TIME FOR COMPLETION

Pursuant to Article 5.3, Construction Manager shall substantially complete the project within **218** calendar days of receiving the Notice to Proceed from the Owner. Liquidated Damages are \$350.00 /day for failure to complete within the contract time or approved extension thereof.

c) ATTACHMENTS

Pursuant to the requirements of the Contract, the following are attached hereto and incorporated herein by reference:

Exhibit A - GMP Proposal
Public Construction Bond
Form of Guarantee

4. Except as specifically modified herein, the Contract remains in full force and effect. All capitalized terms herein shall have the same meaning as set forth in the Contract.

THE REMAINDER OF THIS PAGE IS LEFT INTENTIONALLY BLANK

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Amendment on behalf of the COUNTY.

ATTEST:
SHARON R. BOCK, CLERK &
COMPTROLLER

PALM BEACH COUNTY BOARD, FLORIDA
Political Subdivision of the State of Florida
BOARD OF COUNTY COMMISSIONERS

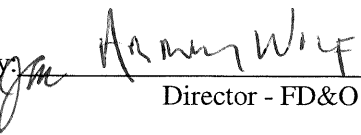
By: _____
Deputy Clerk

By: _____
Melissa McKinlay, Mayor

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS
AND CONDITIONS


By: 
County Attorney

By: 
Director - FD&O

WITNESS: FOR CONSTRUCTION MANAGER
SIGNATURE

CONSTRUCTION MANAGER:
TRILLIUM CONSTRUCTION INC.


Signature

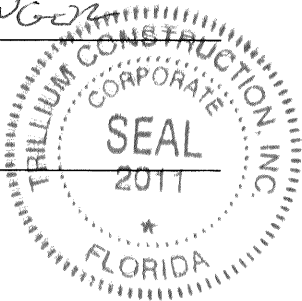

Signature

RICHARD WELLS
Name (type or print)

EEMEINZINGER
Name (type or print)

PRESIDENT
Title

(Corporate Seal)





95% CD GMP

EXHIBIT A

Palm Beach County - Fire Rescue - Station 19
PALM BEACH COUNTY JOB NUMBER : 17520 - TRILLIUM JOB NUMBER: 17-25-065
TRILLIUM CONSTRUCTION INC.



SUMMARY BUDGET ITEMS - GMP FORMAT

| LINE ITEM | DESCRIPTION | LINE ITEM SUBTOTAL | LINE ITEM SUBTOTAL | PERCENT OF TOTAL GMP | | | | | |
|-----------|---|--------------------|--------------------|----------------------|--|--------|-------------------------|--------------|--|
| 01.0 | PRECONSTRUCTION MANAGERS FEE | | \$ 0 | 0.00% | previously authorized by TASK not included | | | | |
| 02.0 | CONSTRUCTION MANAGERS FEE | | \$ 316,858 | 23.20% | | | | | |
| | (INCLUDES OFF/ON SITE, OVERHEAD & PROFIT) | | | | | | | | |
| 02.1 | OFF-SITE | \$ 25,663 | | 1.88% | | | | | |
| 02.2 | ON-SITE | \$ 201,761 | | 14.77% | | | | | |
| 02.3 | OVERHEAD & PROFIT | \$ 89,434 | | 6.55% | | | | | |
| 03.0 | COST OF THE WORK | | \$ 999,652 | 73.20% | | | | | |
| 03.1 | GENERAL CONDITIONS | \$ 33,059 | | 2.42% | TEMP STAFF FACILITIES (which was previously authorized by WO not included) | | | | |
| 03.2 | CSI DIVISIONS 1 THROUGH 16 | \$ 966,593 | | 70.78% | | | | | |
| 04.0 | SUBTOTAL | | \$ 1,316,509 | 96.40% | | | | | |
| 05.0 | BONDS | | \$ 21,191 | 1.56% | | | | | |
| 06.0 | INSURANCE-& BUILDERS RISK | | \$ 14,130 | 1.03% | | | | | |
| 07.0 | ANTICIPATED SALES TAX RECOVERY | | \$ - | 0.00% | Not Utilized Due to Lead Time of Materials | | | | |
| 08.0 | SUBTOTAL | | \$ 1,351,830 | 98.99% | | | | | |
| 09.0 | CONSTRUCTION CONTINGENCY | | \$ 13,800 | 1.01% | | | | | |
| 10.0 | GUARANTEED MAXIMUM PRICE (EXCLUDING PRECONSTRUCTION) | | \$ 1,365,630 | 100.00% | | 37.03% | <= Projected SBE => | \$ 505,634 | |
| | | | | | | 91.67% | <= Projected PBC => | \$ 1,251,827 | |
| | | | | | | 8.33% | <= Projected NON-PBC => | \$ 113,803 | |

SCHEDULE 1
LIST OF PROPOSED SBE-M/WBE PARTICIPATION

PROJECT NAME OR BID NAME: JUPITER FIRE RESCUE STATION #19 PROJECT NO. OR BID NO.: 17520
NAME OF PRIME BIDDER: Trillium Construction, Inc. ADDRESS: 1450-B Kinetic Rd Lake Park, FL 33403
CONTACT PERSON: Edward Meinzinger PHONE NO.: 561-296-0700 FAX NO.: 561-296-0718
BID OPENING DATE: 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 AND/OR PERCENTAGE OF WORK TO BE COMPLETED BY ALL SBE -M/WBE's ON THIS PROJECT. IF THE PRIME IS AN SBE-M/WBE, PLEASE ALSO LIST THE NAME, CONTACT INFORMATION AND DOLLAR AMOUNT AND/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 WORKFORCE.

| Name, Address and Phone Number | | (Check one or both Categories) | | DOLLAR AMOUNT AND/OR PERCENTAGE OF WORK | | | | |
|---|---|--------------------------------|-------------------------------------|---|-------------|--------------|--------------|---------------------------|
| | | M/WBE | SBE | Black | Hispanic | Women | Caucasian | Other (Please Specify) |
| | | Minority Business | Small Business | | | | | |
| 1. | Andrea Construction Inc. 12334 77 th PL. North West Palm Beach, FL 33412 561-795-1136 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | \$87,100.00 | |
| 2. | KMI 2501 Park Street Lake Worth, FL 33460 561-588-5514 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | \$74,754.00 | | | |
| 3. | Hi-Tech Roofing and Sheetmetal 2266 4th Ave. North Lake Worth, FL 33461 561-586-3110 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | \$5,349.04 | |
| 4. | Palm Beach Glass Specialties, Inc. 1717 Edgar St, West Palm Beach, FL 33401 561-904-6005 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | \$15,200.00 | |
| 5. | Tony Rodrigues Metal Framing, Inc. 220 Venus St, Jupiter, FL 33458 561-743-3118 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | \$56,458.00 | |
| (Please use additional sheets if necessary) | | | | | | | | |
| | | Total | | | \$74,754.00 | \$237,856.00 | \$193,024.04 | |

Total Bid Price \$ 1,365,630.00 Total SBE-M/WBE Participation Dollar Amount and/or Percentage of Work \$505,634.04 37.03%

I hereby certify that the above information accurate to the best of my knowledge: Signature Edward Meinzinger President Title

NOTE: 1. The amount listed on this form for a SBE-M/WBE Prime or 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 M/WBE. If firms are certified as both an SBE and M/WBE, please indicate the dollar amount and/or percentage under the appropriate category.
3. M/WBE information is being collected for tracking purposes only.

SCHEDULE 1
LIST OF PROPOSED SBE-M/WBE PARTICIPATION

PROJECT NAME OR BID NAME: JUPITER FIRE RESCUE STATION #19 PROJECT NO. OR BID NO.: 17520
NAME OF PRIME BIDDER: Trillium Construction, Inc. ADDRESS: 1450-B Kinetic Rd Lake Park, FL 33403
CONTACT PERSON: Edward Meinzinger PHONE NO.: 561-296-0700 FAX NO.: 561-296-0718
BID OPENING DATE: 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 AND/OR PERCENTAGE OF WORK TO BE COMPLETED BY ALL SBE -M/WBE's ON THIS PROJECT. IF THE PRIME IS AN SBE-M/WBE, PLEASE ALSO LIST THE NAME, CONTACT INFORMATION AND DOLLAR AMOUNT AND/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 WORKFORCE.

| (Check one or both Categories) | | | DOLLAR AMOUNT AND/OR PERCENTAGE OF WORK | | | | |
|--|--------------------------|-------------------------------------|---|-------------|--------------|--------------|---------------------------|
| Name, Address and Phone Number | M/WBE | SBE | Black | Hispanic | Women | Caucasian | Other (Please Specify) |
| | Minority Business | Small Business | | | | | |
| 1. Brian's Carpet and Commercial Flooring, Inc 5401 Haverhill Rd N # 113, West Palm Beach, FL 33407 561-242-9500 CERAMIC TILE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | \$18,238.00 | |
| 2. Brian's Carpet and Commercial Flooring, Inc 5401 Haverhill Rd N # 113, West Palm Beach, FL 33407 561-242-9500 MILLWORK | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | \$10,679.00 | |
| 3. Stokes Mechanical Contractors Inc. 2001 7th Ave N, Lake Worth, FL 33461 561-582-3589 PLUMBING | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | \$59,945.00 | \$ | |
| 4. Stokes Mechanical Contractors Inc. 2001 7th Ave N, Lake Worth, FL 33461 561-582-3589 HVAC | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | \$177,911.00 | \$ | |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | | | | \$ | |
| (Please use additional sheets if necessary) | | | | | | | |
| Total | | | | \$74,754.00 | \$237,856.00 | \$193,024.04 | |

Total Bid Price \$ 1,365,630.00 Total SBE-M/WBE Participation Dollar Amount and/or Percentage of Work \$505,634.04 37.03%

I hereby certify that the above information accurate to the best of my knowledge: Signature Edward Meinzinger President

- NOTE: 1. The amount listed on this form for a SBE-M/WBE Prime or 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 M/WBE. If firms are certified as both an SBE and M/WBE, please indicate the dollar amount and/or percentage under the appropriate category.
3. M/WBE information is being collected for tracking purposes only.

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

This document must be completed by ALL SBE-M/WBE's and submitted with this 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's is certified to perform. Failure to properly complete Schedule 2 will result in your SBE participation not being counted.

PROJECT NUMBER: 17520 PROJECT NAME : FIRE RESCUE #19 RENOVATION

TO: TRILLIUM CONSTRUCTION INCORPORATED
(Name of Prime Bidder)

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

Small Business Enterprise XX Minority Business Enterprise _____

Black _____ Hispanic _____ Women _____ Caucasian XX 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. Additional Sheets May Be Used As Necessary

| Line Item/ Lot No. | Item Description | Qty/Units | Unit Price | Total Price/ Percentage |
|-----------------------|---|-----------|------------|----------------------------|
| | CONCRETE , DEMO POUR BACK SLABSMAS, BRK VEN | | | \$87,100.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

at the following price or percentage \$87,100.00
(SBE Prime or Subcontractor's Quote)

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


If undersigned intends to sub-subcontract any portion of this job to a certified SBE-M/WBE or a non-SBE subcontractor, please list the name of that subcontractor and the amount below.

Price or Percentage _____
(Name of Subcontractor)

The Prime affirms that it will monitor the SBE-M/WBE listed to ensure the SBE-M/WBE perform the work with their own work force. The undersigned SBE-M/WBE Prime or SBE-M/WBE subcontractor affirms that it has the resources necessary to perform the work listed without subcontracting to a 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.

ANDREA CONSTRUCTION INCORPORATED
Print name of
SBE-M/WBE Company

By: 
(Signature)

RICHARD ANDREA PRESIDENT
Print name/title of person executing on behalf
of SBE-M/WBE

Revised 7/2/2013

Date: 6-21-18

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

This document must be completed by ALL SBE-M/WBE's and submitted with this 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's is certified to perform. Failure to properly complete Schedule 2 will result in your SBE participation not being counted.

PROJECT NUMBER: 17520 PROJECT NAME: FIRE RESCUE #19 RENOVATION

TO: TRILLIUM CONSTRUCTION INCORPORATED
(Name of Prime Bidder)

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

Small Business Enterprise XX Minority Business Enterprise XX

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

Date of Palm Beach County Certification: 11-20-2016

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 |
|-----------------------|-----------------------------|-----------|------------|----------------------------|
| | CABINETRY & OFFICE SHELVING | | | \$74,754.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

at the following price or percentage \$74,754.00
(SBE Prime or Subcontractor's Quote)

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

If undersigned intends to sub-subcontract any portion of this job to a certified SBE-M/WBE or a non-SBE subcontractor, please list the name of that subcontractor and the amount below.

Price or Percentage 0%
(Name of Subcontractor)

The Prime affirms that it will monitor the SBE-M/WBE listed to ensure the SBE-M/WBE perform the work with their own work force. The undersigned SBE-M/WBE Prime or SBE-M/WBE subcontractor affirms that it has the resources necessary to perform the work listed without subcontracting to a 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.

KMI INTERNATIONAL

Print name of
SBE-M/WBE Company

By: [Signature]
(Signature)

RODRIGUEZ
CARLOS LAMBERT PRESIDENT
Print name/title of person executing on behalf
of SBE-M/WBE

Revised 7/2/2013

Date: June 19, 2018

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

This document must be completed by All SBE-M/WBE's and submitted with this 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's is certified to perform. Failure to properly complete Schedule 2 will result in your SBE participation not being counted.

PROJECT NUMBER: 17520 PROJECT NAME: FIRE RESCUE #19 RENOVATION

TO: TRILLIUM CONSTRUCTION INCORPORATED
(Name of Prime Bidder)

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

Small Business Enterprise XX Minority Business Enterprise _____

Black _____ Hispanic _____ Women _____ Caucasian XX 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. Additional Sheets May Be Used As Necessary

| Line Item/ Lot No. | Item Description | Qty/Units | Unit Price | Total Price/ Percentage |
|-----------------------|-----------------------------|-----------|------------|----------------------------|
| | ROOFING, BUILT UP & PARAPET | | | \$5,349.04 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

at the following price or percentage \$5,349.04
(SBE Prime or Subcontractor's Quote)

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

If undersigned intends to sub-subcontract any portion of this job to a certified SBE-M/WBE or a non-SBE subcontractor, please list the name of that subcontractor and the amount below.

Price or Percentage _____
(Name of Subcontractor)

The Prime affirms that it will monitor the SBE-M/WBE listed to ensure the SBE-M/WBE perform the work with their own work force. The undersigned SBE-M/WBE Prime or SBE-M/WBE subcontractor affirms that it has the resources necessary to perform the work listed without subcontracting to a 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.

HI-TECH ROOFING INCORPORATED
Print name of
SBE-M/WBE Company

By: _____
(Signature)

MIKE DALEY PRESIDENT
Print name/title of person executing on behalf
of SBE-M/WBE

Revised 7/2/2013

Date: June 19, 2018

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

This document must be completed by ALL SBE-M/WBE's and submitted with this 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's is certified to perform. Failure to properly complete Schedule 2 will result in your SBE participation not being counted.

PROJECT NUMBER: 17520 PROJECT NAME : FIRE RESCUE #19 RENOVATION

TO: TRILLIUM CONSTRUCTION INCORPORATED
(Name of Prime Bidder)

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

Small Business Enterprise XX ☒ Minority Business Enterprise _____

Black _____ Hispanic _____ Women ✓ Caucasian XX 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. Additional Sheets May Be Used As Necessary

| Line Item/ Lot No. | Item Description | Qty/Units | Unit Price | Total Price/ Percentage |
|-----------------------|-------------------------------------|-----------|------------|----------------------------|
| | PALM BEACH GLASS & SPECIALTIES INC. | | | \$15,200.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

at the following price or percentage \$15,200.00
(SBE Prime or Subcontractor's Quote)

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

If undersigned intends to sub-subcontract any portion of this job to a certified SBE-M/WBE or a non-SBE subcontractor, please list the name of that subcontractor and the amount below.

Price or Percentage N/A
(Name of Subcontractor)

The Prime affirms that it will monitor the SBE-M/WBE listed to ensure the SBE-M/WBE perform the work with their own work force. The undersigned SBE-M/WBE Prime or SBE-M/WBE subcontractor affirms that it has the resources necessary to perform the work listed without subcontracting to a 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.

PALM BEACH GLASS & SPECIALTIES INC.
Print name of
SBE-M/WBE Company

By: [Signature]
(Signature)

MIKE CLEMMONS VICE PRESIDENT
Print name/title of person executing on behalf
of SBE-M/WBE

Revised 7/2/2013

Date: June 19/2012

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

This document must be completed by ALL SBE-M/WBE's and submitted with this 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's is certified to perform. Failure to properly complete Schedule 2 will result in your SBE participation not being counted.

PROJECT NUMBER: 17520 PROJECT NAME: FIRE RESCUE #19 RENOVATION

TO: TRILLIUM CONSTRUCTION INCORPORATED
(Name of Prime Bidder)

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

Small Business Enterprise XX Minority Business Enterprise _____

Black _____ Hispanic _____ Women _____ Caucasian XX 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. Additional Sheets May Be Used As Necessary

| Line Item/ Lot No. | Item Description | Qty/Units | Unit Price | Total Price/ Percentage |
|-----------------------|---------------------------------------|-----------|------------|----------------------------|
| | DRYWALL FRAMING, INTERIOR WALL FINISH | | | \$56,458.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

at the following price or percentage \$56,458.00
(SBE Prime or Subcontractor's Quote)

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

If undersigned intends to sub-subcontract any portion of this job to a certified SBE-M/WBE or a non-SBE subcontractor, please list the name of that subcontractor and the amount below.

Price or Percentage _____
(Name of Subcontractor)

The Prime affirms that it will monitor the SBE-M/WBE listed to ensure the SBE-M/WBE perform the work with their own work force. The undersigned SBE-M/WBE Prime or SBE-M/WBE subcontractor affirms that it has the resources necessary to perform the work listed without subcontracting to a 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.

TONY RODRIGUES METAL FRAMING INCORPORATED.

Print name of

SBE-M/WBE Company

By: _____
(Signature)

TONY RODRIGUES PRESIDENT

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

Date: 6/19/18

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

This document must be completed by ALL SBE-M/WBE's and submitted with this 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's is certified to perform. Failure to properly complete Schedule 2 will result in your SBE participation not being counted.

PROJECT NUMBER: 17520 PROJECT NAME: FIRE RESCUE #19 RENOVATION

TO: TRILLIUM CONSTRUCTION INCORPORATED
(Name of Prime Bidder)

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

Small Business Enterprise XX Minority Business Enterprise _____

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

Date of Palm Beach County Certification: March 21, 2017

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 |
|-----------------------|--|-----------|------------|----------------------------|
| | CERAMIC WALL TILE EPOXY GROUT MARB SILLS | | | \$18,238.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

at the following price or percentage \$18,238.00
(SBE Prime or Subcontractor's Quote)

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

If undersigned intends to sub-subcontract any portion of this job to a certified SBE-M/WBE or a non-SBE subcontractor, please list the name of that subcontractor and the amount below.

Price or Percentage _____
(Name of Subcontractor)

The Prime affirms that it will monitor the SBE-M/WBE listed to ensure the SBE-M/WBE perform the work with their own work force. The undersigned SBE-M/WBE Prime or SBE-M/WBE subcontractor affirms that it has the resources necessary to perform the work listed without subcontracting to a 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.

BRIANS CARPET AND COMMERCIAL FLOORING INC.
Print name of
SBE-M/WBE Company

By: [Signature]
(Signature)

TRICIA BLASH PRESIDENT
Print name/title of person executing on behalf
of SBE-M/WBE

Revised 7/2/2013

Date: 6-20-18

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

This document must be completed by All SBE-M/WBE's and submitted with this 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's is certified to perform. Failure to properly complete Schedule 2 will result in your SBE participation not being counted.

PROJECT NUMBER: 17520 PROJECT NAME: FIRE RESCUE #19 RENOVATION

TO: TRILLIUM CONSTRUCTION INCORPORATED
(Name of Prime Bidder)

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

Small Business Enterprise XX Minority Business Enterprise _____

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

Date of Palm Beach County Certification: March 21, 2017

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 |
|-----------------------|--|-----------|------------|----------------------------|
| | 6" JOHNSONITE MILLWORK BASE @ TERRAZZO W | | | \$10,679.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

at the following price or percentage \$10,679.00
(SBE Prime or Subcontractor's Quote)

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

If undersigned intends to sub-subcontract any portion of this job to a certified SBE-M/WBE or a non-SBE subcontractor, please list the name of that subcontractor and the amount below.

Price or Percentage _____
(Name of Subcontractor)

The Prime affirms that it will monitor the SBE-M/WBE listed to ensure the SBE-M/WBE perform the work with their own work force. The undersigned SBE-M/WBE Prime or SBE-M/WBE subcontractor affirms that it has the resources necessary to perform the work listed without subcontracting to a 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.

BRIANS CARPET AND COMMERCIAL FLOORING INC.

Print name of

SBE-M/WBE Company

By: 

(Signature)

TRICIA BLASH PRESIDENT

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

Revised 7/2/2013

Date: 6-20-18

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

This document must be completed by ALL SBE-M/WBE's and submitted with this 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 is certified to perform. Failure to properly complete Schedule 2 will result in your SBE participation not being counted.

PROJECT NUMBER: 17520 PROJECT NAME : FIRE RESCUE #19 RENOVATION

TO: TRILLIUM CONSTRUCTION INCORPORATED
(Name of Prime Bidder)

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

Small Business Enterprise XX Minority Business Enterprise _____

Black _____ Hispanic _____ Women XX 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. Additional Sheets May Be Used As Necessary

| Line Item/ Lot No. | Item Description | Qty/Units | Unit Price | Total Price/ Percentage |
|-----------------------|------------------------|-----------|------------|----------------------------|
| | PLUMBING AND GAS LINES | | | \$59,945.00 |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

at the following price or percentage \$59,945.00
(SBE Prime or Subcontractor's Quote)

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


If undersigned intends to sub-subcontract any portion of this job to a certified SBE-M/WBE or a non-SBE subcontractor, please list the name of that subcontractor and the amount below.

Price or Percentage _____
(Name of Subcontractor)

The Prime affirms that it will monitor the **SBE-M/WBE** listed to ensure the **SBE-M/WBE** perform the work with their own work force. The undersigned **SBE-M/WBE** Prime or **SBE-M/WBE** subcontractor affirms that it has the resources necessary to perform the work listed without subcontracting to a 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 CONTRACTORS INCORPORATED
Print name of
SBE-M/WBE Company

By: 
(Signature)

SUSAN STOKES PRESIDENT
Print name/title of person executing on behalf
of SBE-M/WBE

Revised 7/2/2013

Date: JUNE 19, 2018

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

This document must be completed by ALL SBE-M/WBE's and submitted with this 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's is certified to perform. Failure to properly complete Schedule 2 will result in your SBE participation not being counted.

PROJECT NUMBER: 17520 PROJECT NAME : FIRE RESCUE #19 RENOVATION

TO: TRILLIUM CONSTRUCTION INCORPORATED
(Name of Prime Bidder)

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

Small Business Enterprise XX Minority Business Enterprise _____

Black _____ Hispanic _____ Women XX 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. Additional Sheets May Be Used As Necessary

| Line Item/ Lot No. | Item Description | Qty/Units | Unit Price | Total Price/ Percentage |
|-----------------------|--|-----------|------------|----------------------------|
| | HVAC INCL ALL ROOF TOP CURBS & EQUIPMENT | | | \$177,911.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

at the following price or percentage \$177,911.00
(SBE Prime or Subcontractor's Quote)

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


If undersigned intends to sub-subcontract any portion of this job to a certified SBE-M/WBE or a non-SBE subcontractor, please list the name of that subcontractor and the amount below.

Price or Percentage _____
(Name of Subcontractor)

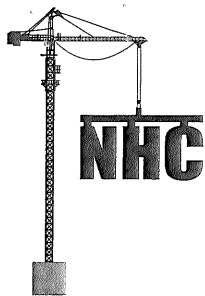
The Prime affirms that it will monitor the SBE-M/WBE listed to ensure the SBE-M/WBE perform the work with their own work force. The undersigned SBE-M/WBE Prime or SBE-M/WBE subcontractor affirms that it has the resources necessary to perform the work listed without subcontracting to a non-certified SBE 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 CONTRACTORS INCORPORATED
Print name of
SBE-M/WBE Company

By: 
(Signature)

SUSAN STOKES PRESIDENT
Print name/title of person executing on behalf
of SBE-M/WBE



NIELSON, ROSENHAUS & ASSOCIATES
A NIELSON HOOVER GROUP COMPANY

SMART. UNCOMPROMISING. TIMELY. EFFECTIVE. NIELSON, HOOVER & COMPANY, INC. SURETY SOLUTIONS THAT MAKE A DIFFERENCE.

June 22, 2018

Trillium Construction, Inc.
1450 Kinetic Road, Suite B
Lake Park, FL 33403

RE: Palm Beach County Board of County Commissioners, as Obligee
Project No. 17520 PBC Fire Rescue Station 19 Renovation, as Project
Bond No. 80136146

Dear Ladies and Gentlemen:

Please supply us with the following information for the above captioned final bond:

Executed Contract with Date: X _____

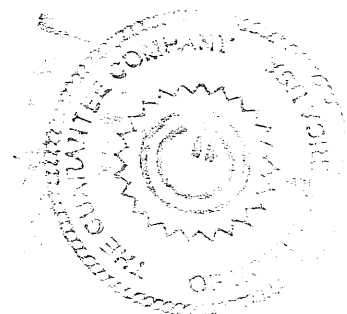
This letter is also giving **Trillium Construction, Inc.**, as Principal and/or **Palm Beach County Board of County Commissioners**, as Obligee, the authority to complete these bonds by dating the bonds with the contract date, execution and Power of Attorney dates. **The contract date MAY BE THE SAME date as the execution of the bond or PRIOR to the execution date of the bonds.**

We will forward this information onto your surety company upon our receipt. Please return as soon as possible.

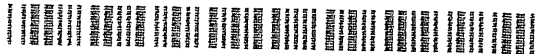
Thank you for your cooperation.

Sincerely,
The Guarantee Company of North America USA

Brett Rosenhaus
Attorney-in-Fact



8401 Lake Worth Road
Suite 2-231
Lake Worth, FL 33467
P: 561.713.1453
F: 561.713.1455
www.nielsonbonds.com



CFN 20180246408

OR BK 29947 PG 0771
RECORDED 06/25/2018 12:34:56
Palm Beach County, Florida
Sharon R. Bock, CLERK & COMPTROLLER
Pgs 0771 - 775 (5pgs)

PUBLIC CONSTRUCTION BOND

BOND NUMBER 80136146

BOND AMOUNT \$1,365,630.00

CONTRACT AMOUNT \$1,365,630.00

CONTRACTOR'S NAME: Trillium Construction Inc.

CONTRACTOR'S ADDRESS: 1450 Kinetic Road Suite B, Lake Park, Florida 33403

CONTRACTOR'S PHONE: 561-296-0700

SURETY COMPANY: The Guarantee Company of North America USA

SURETY'S ADDRESS: One Towne Square, Suite 1470
Southfield, MI 48076-3725

SURETY'S PHONE: 248-281-0281

OWNER'S NAME: PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS
CAPITAL IMPROVEMENTS DIVISION

OWNER'S ADDRESS: 2633 Vista Parkway
West Palm Beach, FL 33411-5604

OWNER'S PHONE: (561) 233-0261

PROJECT NAME: PBC Fire Rescue Station 19 Renovation

PROJECT NUMBER: 17520

CONTRACT NUMBER (to be provided after Contract award): _____

DESCRIPTION OF WORK: Approx. 4,000sf Existing Single Story; Air Conditioned Fire Station;
Interiors Partially Demolished by PBC balance to be Refurbished under the Project

PROJECT ADDRESS, PCN, or LEGAL DESCRIPTION: _____
322 N. Central Blvd, Jupiter, FL 33458

This Bond is issued in favor of the County conditioned on the full and faithful performance of the Contract.

ML
6.25.18

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

Dollars (\$ 1,365,630.00)

One Million Three Hundred Sixty Five Thousand Six Hundred Thirty & 00/100

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: PBC Fire Rescue Station 19 Renovation

Project No.: 17520

Project Description: Approx. 4,000sf Existing Single Story; Air Conditioned Fire Station; Interiors Partially Demolished by PBC balance to be Refurbished under the Project

Project Location: 322 N. Central Blvd, Jupiter, FL 33458

in accordance with Drawings and Specifications prepared by

NAME OF ARCHITECTURAL FIRM: Colome' & Associates

LOCATION OF FIRM: 530 24th Street, West Palm Beach, FL 33407

PHONE: 561-833-9147

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:

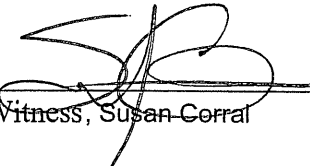
1. Performs the contract between Principal and County for the construction of **PBC Fire Rescue Station 19 Renovation**, the contract being made a part of this bond by reference, at the times and in the manner prescribed in the contract; and
2. Promptly makes payments to all claimants, as defined in 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.

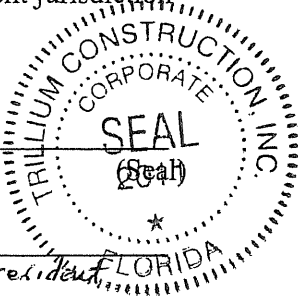
Section 255.05, Florida Statutes, as amended, together with all notice and time provisions contained therein, is incorporated herein, by reference, in its entirety. Any action instituted by a claimant under this bond for payment must be in accordance with the notice and time limitation provisions in 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.

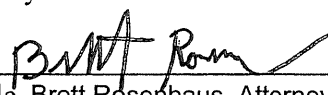
Any action brought under this instrument shall be brought in the court of competent jurisdiction in Palm Beach County and not elsewhere.

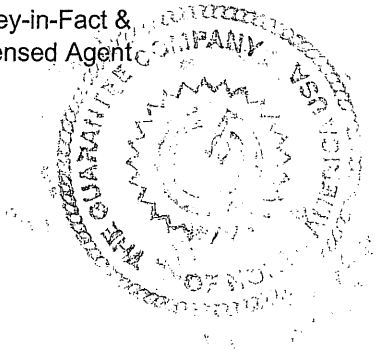

Witness Richard Wells


Witness, Susan Corral

Trillium Construction, Inc.
Principal 
Title Edward McIninger, President



The Guarantee Company of North America USA
Surety (Seal)

Title Brett Rosenhaus, Attorney-in-Fact & FL Licensed Agent



FORM OF GUARANTEE

GUARANTEE FOR Trillium Construction Inc.
The Guarantee Company of North America USA

We the undersigned hereby guarantee that the PBC Fire Rescue Station 19 Renovation, Jupiter,
Palm Beach County, Florida, which we have constructed and bonded, has been done in
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.

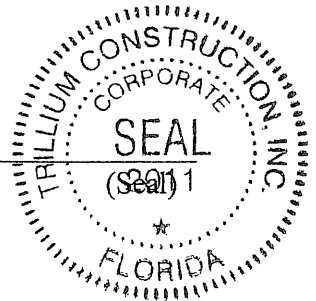
In the event of our failure to acknowledge notice, and commence corrections of defective work
within five (5) working days after being notified in writing by the Board of County
Commissioners, Palm Beach County, Florida, we, collectively or separately, do hereby authorize
Palm Beach County to proceed 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

Trillium Construction, Inc.
(Contractor)

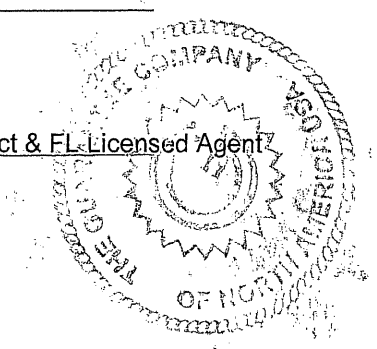
By: [Signature]
(Signature)



The Guarantee Company of North America USA
(Surety) (Seal)

By: [Signature]
(Signature)

Brett Rosenhaus, Attorney-in-Fact & FL Licensed Agent
(Print Name)





THE GUARANTEE COMPANY OF NORTH AMERICA USA

Southfield, Michigan

POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS: That THE GUARANTEE COMPANY OF NORTH AMERICA USA, a corporation organized and existing under the laws of the State of Michigan, having its principal office in Southfield, Michigan, does hereby constitute and appoint

Brett Rosenhaus
Nielson and Company, Inc. ~ Lake Worth

its true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise.

The execution of such instrument(s) in pursuance of these presents, shall be as binding upon THE GUARANTEE COMPANY OF NORTH AMERICA USA as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at the principal office.

The Power of Attorney is executed and may be certified so, and may be revoked, pursuant to and by authority of Article IX, Section 9.03 of the By-Laws adopted by the Board of Directors of THE GUARANTEE COMPANY OF NORTH AMERICA USA at a meeting held on the 31st day of December, 2003. The President, or any Vice President, acting with any Secretary or Assistant Secretary, shall have power and authority:

1. To appoint Attorney(s)-in-fact, and to authorize them to execute on behalf of the Company, and attach the Seal of the Company thereto, bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof; and
2. To revoke, at any time, any such Attorney-in-fact and revoke the authority given, except as provided below
3. In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.
4. In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner – Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

Further, this Power of Attorney is signed and sealed by facsimile pursuant to resolution of the Board of Directors of the Company adopted at a meeting duly called and held on the 6th day of December 2011, of which the following is a true excerpt:

RESOLVED that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, contracts of indemnity and other writings obligatory in the nature thereof, and such signature and seal when so used shall have the same force and effect as though manually affixed.



IN WITNESS WHEREOF, THE GUARANTEE COMPANY OF NORTH AMERICA USA has caused this instrument to be signed and its corporate seal to be affixed by its authorized officer, this 23rd day of February, 2012.

THE GUARANTEE COMPANY OF NORTH AMERICA USA

Stephen C. Ruschak

Randall Musselman

STATE OF MICHIGAN
County of Oakland

Stephen C. Ruschak, Vice President

Randall Musselman, Secretary

On this 23rd day of February, 2012 before me came the individuals who executed the preceding instrument, to me personally known, and being by me duly sworn, said that each is the herein described and authorized officer of The Guarantee Company of North America USA; that the seal affixed to said instrument is the Corporate Seal of said Company; that the Corporate Seal and each signature were duly affixed by order of the Board of Directors of



Cynthia A. Takai
Notary Public, State of Michigan
County of Oakland
My Commission Expires February 27, 2018
Acting in Oakland County

IN WITNESS WHEREOF, I have hereunto set my hand at The Guarantee Company of North America USA offices the day and year above written.

Cynthia A. Takai

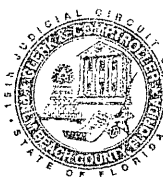
I, Randall Musselman, Secretary of THE GUARANTEE COMPANY OF NORTH AMERICA USA, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by THE GUARANTEE COMPANY OF NORTH AMERICA USA, which is still in full force and effect.



IN WITNESS WHEREOF, I have thereunto set my hand and attached the seal of said Company this _____ day of _____

Randall Musselman

Randall Musselman, Secretary



STATE OF FLORIDA - PALM BEACH COUNTY

I hereby certify that the foregoing is a true copy of the record in my office with redactions, if any as required by law.

THIS 25 DAY OF June, 2012

SHARON R. BOCK
CLERK & COMPTROLLER

By *[Signature]*
DEPUTY CLERK

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/25/2018

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 have ADDITIONAL INSURED provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).

| | |
|--|---|
| PRODUCER USI Insurance Services, LLC 500 Columbia Drive, Ste 102 West Palm Beach, FL 33409-2718 561 693-0500 | CONTACT NAME: Brian Cronin PHONE (A/C, No, Ext): 561 693-0500 FAX (A/C, No): 855 420-6662 E-MAIL ADDRESS: brian.cronin@usi.com |
| INSURED Trillium Construction, Inc 1450-B Kinetic Road Lake Park, FL 33403 | INSURER(S) AFFORDING COVERAGE INSURER A : Twin City Fire Insurance Company 29459 INSURER B : Liberty Surplus Insurance Corporation 10725 INSURER C : Hartford Fire Insurance Company 19682 INSURER D : AGCS Marine Insurance Company 22837 INSURER E : Hartford Ins Co of the Midwest 37478 INSURER F : Tokio Marine Specialty Ins Co 23850 |


| 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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
| A | <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"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | X | X | 21UEAQI0138 | 05/02/2018 | 05/02/2019 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ |
| E | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | X | X | 21UEAQI0139 | 05/02/2018 | 05/02/2019 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$0 | X | X | 1000259217 | 05/02/2018 | 05/02/2019 | EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | X | 21WEAQI0140 | 05/02/2018 | 05/02/2019 | <input checked="" type="checkbox"/> PER STATUTE <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 |
| D | Rental Equipment | | | MZI93041179 | 05/02/2018 | 05/02/2019 | \$100,000 |
| F | Pollution Prof | | | PPK1812042 | 05/02/2018 | 05/02/2019 | \$5,000,000/\$5,000,000 |
| D | Installation | | | MZI93041179 | 05/02/2018 | 05/02/2019 | 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

GENERAL LIABILITY - Automatic Additional Insured with Products & Completed Operations, on primary and non contributory basis, for the work of the insured, is included when required by written contract per policy

HG00010605, Waiver of Subrogation applies to the General Liability.

COMMERCIAL AUTO - Automatic Additional Insured and Waiver of Subrogation applies when required by written (See Attached Descriptions)

| CERTIFICATE HOLDER | CANCELLATION |
|--|---|
| Palm Beach County Board of County Commissioners, A Political Subdivision of the State of Florida 301 N Olive Ave West Palm Beach, FL 33401-0000 | 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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DESCRIPTIONS (Continued from Page 1)

contract per form HA9916.

WORKERS COMPENSATION - Automatic Waiver of Subrogation when required by written contract per form WC000313.

UMBRELLA - Policy is follow form and Automatic Additional Insured and Waiver of Subrogation applies over the primary policies; Auto Liability, Commercial General Liability, & Workers Compensation when required by written contract.

PROFESSIONAL & POLLUTION - Automatic Additional Insured when required by written contract arising out of performance of insured's contracting operations or transportation.

T: Project: PBC #17520 Fire Rescue Station #19, Renovations, 322 N Central Blvd, Jupiter, FL 33458. Palm Beach County, a political subdivision of the State of Florida, its officers, agents and employees as additional insured for all insurance coverages except Workers Compensation and Business Auto Liability.