

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY

Meeting Date: October 5, 2021                       Consent                       Regular  
    Ordinance                       Public Hearing

**Department: Facilities Development & Operations**

**I. EXECUTIVE BRIEF**

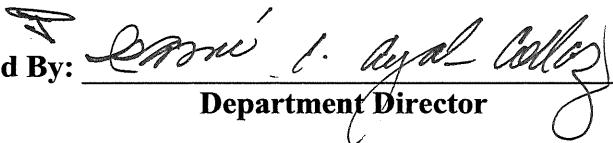
**Motion and Title: Staff recommends motion to approve:** Change Order No. 1 to Work Order No. 14 of the continuing construction manager (CM) at risk services contract with Lebolo Construction Management, Inc. (R2018-1161) for the Phillip Lewis Center Phase 2 – Elevator Renovations project increasing the project duration by 326 calendar days.

**Summary:** On April 29, 2020, the Contract Review Committee approved Work Order No. 14 to the continuing contract with Lebolo Construction Management, Inc. (Lebolo) in the amount of \$197,330 with a construction completion schedule of 90 days. The work consists of construction management services to refurbish the interior of the existing elevator cab, elevator hydraulic modernization, new electrical upgrades, and the installation of a new heating ventilation and air conditioning system. The existing elevator is original to the building, which is more than 20 years old. The refurbishment of the elevator will modernize the interior of the cab and improve the existing operational components of the elevator. This change order authorizes an increase in the project duration by 326 calendar days to accommodate Lebolo’s procurement of the elevator manufacturer contract, long lead-time materials, and the completion of the work. The delays were compounded as a result of industry staffing shortages, delays in manufacturing, and material availability resulting from the ongoing COVID-19 pandemic. **(Capital Improvements Division) District 7 (LDC)**

**Background and Justification:** The Contract Review Committee approved Work Order No. 14 to the Lebolo continuing CM contract in accordance with Policy and Procedure Manual (PPM) CW-F-50. 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 contractor bidding the subcontracts for construction. Approval of Change Order No. 1 increases the project duration by 326 calendar days to accommodate Lebolo’s procurement of the elevator manufacturer contract, delays resulting from industry staffing shortages, delays in manufacturing, and material availability resulting from the ongoing COVID-19 pandemic.

**Attachments:**

- 1. Location Map
- 2. Change Order History
- 3. Change Order No. 1 to Work Order No. 14

Recommended By:                       9/9/2021  
   Department Director                      Date

Approved By:                       9/22/2021  
   County Administrator                      Date

**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2021	2022	2023	2024	2025
Capital Expenditures	\$* _____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<b>\$* _____</b>	_____	_____	_____	_____

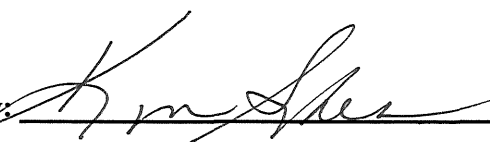
**# ADDITIONAL FTE POSITIONS (Cumulative)**

Is Item Included in Current Budget: Yes    X    No         
 Does this item include the use of federal funds? Yes        No       

Budget Account No: Fund      Dept      Unit      Object     

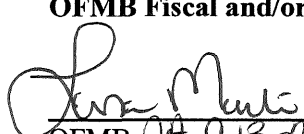
**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

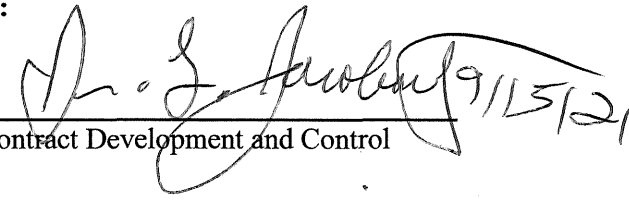
\* There is no fiscal impact associated with this agenda item.


C. Departmental Fiscal Review: 

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Development Comments:**

 *akhs/dk*  
 OFMB JA 9/13/21 *LM 9/13*

 9/15/21  
 Contract Development and Control

B. Legal Sufficiency:   
 Assistant County Attorney

C. Other Department Review:  
 \_\_\_\_\_  
 Department Director

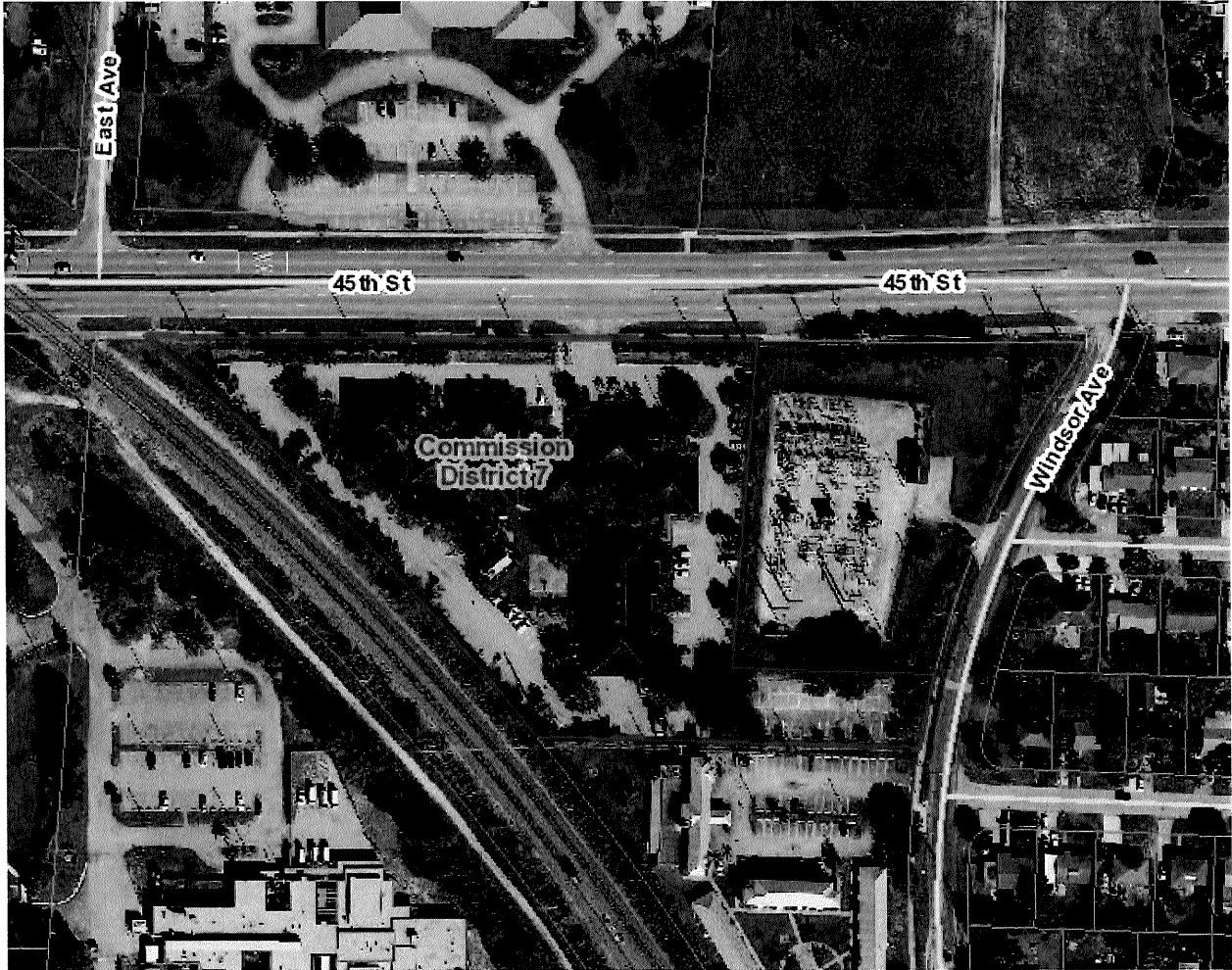
**This summary is not to be used as a basis for payment.**

# LOCATION MAP

Project No: 17573

Project Name: Philip Lewis Center Phase 2 – Elevator Renovations

Location: 1000 45th St, West Palm Beach



CHANGE ORDER HISTORY  
 PHILIP LEWIS CENTER PHASE 2 - ELEVATOR RENOVATIONS  
 PROJECT #17573

CO #	Description	Date Approved	Amount Approved by Director	Amount Approved by CRC	Amount Approved by BCC	Days Approved by Director	Days Approved by CRC	Days Approved by BCC	\$ DBE
1	Time Extension	Pending BCC			\$0.00			326	
		<b>Totals</b>	\$0.00	\$0.00	\$0.00	0	0	326	\$0.00

DIR + CRC DOLLARS TO DATE	DIR + CRC TOTAL DAYS TO DATE
\$0.00	0

ORIGINAL CONTRACT PRICE	\$197,330.00
PREVIOUS CHANGE ORDERS ( n/a )	\$0.00
THIS CHANGE ORDER ( #01 )	\$0.00
<b>ADJUSTED CONTRACT PRICE</b>	<b><u>\$197,330.00</u></b>

**CHANGE ORDER BRIEF**  
**PHILIP LEWIS CENTER PHASE 2 - ELEVATOR RENOVATIONS**  
**PROJECT NO. 17573**  
**JUNE 15, 2021**  
**WORK ORDER #14 TO CONTRACT NO. R2018-1161**

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Prime Contractor ..... Lebolo Construction Management, Inc.

Change Order No. .... 01

Change Order Amount ..... \$0.00

Changed Contract Time ..... 326 calendar days

Description of Construction Change Proposals (CCPs):

1. CCP #002: Non Compensatory Time Extension of 326 days ..... \$0.00

Reason for Change and Code:

1. CCP #002: (X) The project notice to proceed was issued on 5/1/2020 and due to the lead time on the elevator and the buyout process between Thyssen Krupp and Lebolo, construction did not start until November 2020. Due to Covid-19, we experienced additional material delays that stretched well into 2021. The accumulation is the reason for the additional time requested.


Reason-for-change codes

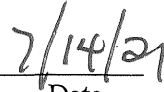
D = Differing Site Conditions  
E = Errors/Omissions in Design  
O = Owner-Initiated  
Q = Quantity Adjustments

R = Request by another Agency/Outside Party  
X = Other (Specify: )  
Z = Zoning/Code/Ordinance Change

Estimated premium value of errors/omissions for this change order: \$0.00

SUBMITTED:

  
\_\_\_\_\_  
William Munker, Project Manager  
Capital Improvements Division

  
\_\_\_\_\_  
Date

**PALM BEACH COUNTY**

**CHANGE ORDER**

ISSUED TO: Lebolo Construction Management, Inc.  
2100 Corporate Drive  
Boynton Beach, FL 33426

CHANGE ORDER NO.: 01  
AMENDMENT NO: WO #14

PROJECT NAME: Philip Lewis Center Phase 2 – Elevator  
Renovations

REFERENCE CCP NO.: 002

PROJECT NO. 17573

RESOLUTION NO.: R2018-1161

DISTRICT NO.: 7

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

DESCRIPTION OF CHANGE:

- 1. CCP #002: Non Compensatory Time Extension of 326 days ..... \$0.00

CONTRACT PRICE		COMPLETION DATE	
Original Contract Price (WO #14):	\$197,330.00	Contract Completion Date will be increased by 326 calendar days.	
Previous CO # <u>N/A</u> through _____:	\$0.00	Contract Notice to Proceed Date:	<u>05/05/2020</u>
This Change Order No. <u>01</u> :	\$0.00	Contract Substantial Completion Date:	<u>08/03/2020</u>
ADJUSTED Contract Price:	\$197,330.00	ADJUSTED Substantial Completion Date:	<u>06/25/2021</u>

**CONTRACTOR**  
Execution of this change order acknowledges final settlement of, and releases, all claims for costs and time associated, directly or indirectly, with the above stated modification(s), including all claims for cumulative delays or disruptions resulting from, caused by, or incident to such modifications(s), and including any claim that the above stated modification(s) constitutes, in whole or part, a cardinal change to the contract. The above changes are accepted:

Lebolo Construction Management, Inc.  
Contractor

By: [Signature]

Print Name: SEBASTIAN FERNANDEZ

Title: P.R.E. COO. ADG. Date: 7/1/21

**DESIGN PROFESSIONAL**  
The above changes are recommended for approval by the Owner:

N/A

Design Professional

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PALM BEACH COUNTY**  
Recommended By:

By: [Signature]

Title: Project Manager Date: 7/6/21

By: [Signature]

Title: Director – CID Date: 8-13-21

By: [Signature]

Title: Director, FD&Q Date: 9-7-2021

By: [Signature]

Legal Sufficiency – CAO Date: 9-17-2021

Approved By:

By: \_\_\_\_\_

Title: Mayor, BCC Date: \_\_\_\_\_

PALM BEACH COUNTY

CONSTRUCTION CHANGE PROPOSAL (CCP)

TO: Palm Beach County, CID  
2633 Vista Parkway  
West Palm Beach, FL 33411

CCP NUMBER: 002  
DATE: 06-02-2021  
PROJECT NAME: Senator Philip D. Lewis Homeless Resource Center  
- Phase 2 - Elevator Renovations  
PROJECT NUMBER: 17573  
CONTRACT NUMBER: Work Order #14

ATTENTION:

REFERENCE: Non Compensatory Time Extention

We propose to accomplish the MODIFICATIONS identified in FIELD BULLETIN FB # \_\_\_\_\_ and as described herein. Except as modified below, the original contract and all prior amendments shall remain in full force and effect.

DESCRIPTION:

- 1. Non - Compensatory Time Extension \$ 00.00

PROPOSED CONTRACT PRICE CHANGE (increases) \$ 00.00  
(decrease) \$ 00.00  
(unchanged) \$ 00.00

PROPOSED CONTRACT TIME CHANGE (increases) 326 days  
(unchanged)

PROPOSED NEW SUBSTANTIAL COMPLETION 06/25/2021 date

DISTRIBUTION:

FROM: Lebolo Construction Management  
CONTRACTOR

SIGNED: \_\_\_\_\_

DATE: 06.02.2020



PCO #002

Lebolo Construction Management, Inc.  
2100 Corporate Dr  
Boynton Beach, Florida 33426  
Phone: 561 742 7644  
Fax: (561) 742-7636

Project: 20190050/17573 Phase 2 - PBC Philip Lewis Center Phase 2 -  
Elevator Renovations  
1000 45th St  
West Palm Beach, Florida 33407

**Prime Contract Potential Change Order #002: CE #006 - Non-Compensatory Time Extension**

TO:	PALM BEACH COUNTY 2633 Vista Parkway West Palm Beach, Florida 33411	FROM:	
PCO NUMBER/REVISION:	002 / 0	CONTRACT:	1 - PBC Philip Lewis Center Phase 2 - Elevator Renovations Prime Contract
REQUEST RECEIVED FROM:		CREATED BY:	Maria Elena Manjon (Lebolo Construction Management, Inc.)
STATUS:	Pending - In Review	CREATED DATE:	5/7/2021
REFERENCE:		PRIME CONTRACT CHANGE ORDER:	None
FIELD CHANGE:	No		
LOCATION:		ACCOUNTING METHOD:	Amount Based
SCHEDULE IMPACT:		PAID IN FULL:	No
EXECUTED:	No	SIGNED CHANGE ORDER RECEIVED DATE:	
		TOTAL AMOUNT:	\$0.00

POTENTIAL CHANGE ORDER TITLE: CE #006 - Non-Compensatory Time Extension

CHANGE REASON: No Change Reason

POTENTIAL CHANGE ORDER DESCRIPTION: *(The Contract Is Changed As Follows)*  
CE #006 - Non-Compensatory Time Extension

ATTACHMENTS:

#	Budget Code	Description	Amount
1	1-800100.O PERSONNEL.Other	Non-Compensatory Time Extension	\$0.00
<b>Grand Total:</b>			<b>\$0.00</b>

William Munker (PALM BEACH COUNTY)  
  
Florida

PALM BEACH COUNTY  
2633 Vista Parkway  
West Palm Beach, Florida 33411

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
SIGNATURE DATE





Lebolo Construction Management, Inc.  
2100 Corporate Dr  
Boynton Beach, Florida 33426  
Phone: 561 742 7644  
Fax: (561) 742-7636

Project: 20190050/17573 Phase 2 - PBC Philip Lewis Center Phase 2 -  
Elevator Renovations  
1000 45th St  
West Palm Beach, Florida 33407

**Purchase Order Change Order #003: CE #005 - Additional for FRP Door -  
wrong dimension**

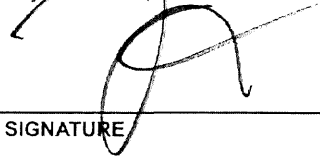
<b>CONTRACT COMPANY:</b>	Total Quality Services 1850 SW Hackman Terrace Stuart, Florida 34997	<b>CONTRACT FOR:</b>	PO-20190050/17573 Phase 2-001:Doors, Frames & Hardware
<b>DATE CREATED:</b>	3/30/2021 <i>(Request)</i>	<b>CREATED BY:</b>	Maria Elena Manjon (Lebolo Construction Management, Inc.)
<b>CONTRACT STATUS:</b>	Pending - In Review	<b>REVISION:</b>	0
<b>REQUEST RECEIVED FROM:</b>		<b>LOCATION:</b>	
<b>DESIGNATED REVIEWER:</b>		<b>REVIEWED BY:</b>	
<b>DUE DATE:</b>		<b>REVIEW DATE:</b>	
<b>INVOICED DATE:</b>		<b>PAID DATE:</b>	
<b>REFERENCE:</b>		<b>CHANGE REASON:</b>	No Change Reason
<b>PAID IN FULL:</b>	No	<b>EXECUTED:</b>	No
<b>ACCOUNTING METHOD:</b>	Unit/Quantity Based	<b>SCHEDULE IMPACT:</b>	
<b>FIELD CHANGE:</b>	No	<b>SIGNED CHANGE ORDER RECEIVED DATE:</b>	
		<b>TOTAL AMOUNT:</b>	\$3,284.60
<b>DESCRIPTION:</b> CE #005 - Additional for FRP Door - wrong dimension			
<b>ATTACHMENTS:</b> <a href="#">21-925296 Phillip D Lewis.pdf</a>			

**CHANGE ORDER LINE ITEMS:**

#	Cost Code	Description	Type	Qty	Units	Unit Cost	Subtotal
1	14-14210 - ELEVATOR HYDRAULIC MECHANIC	Additional for FRP Door - wrong dimension	Commitment	1.0	ls	\$3,284.60	\$3,284.60
<b>Grand Total:</b>							<b>\$3,284.60</b>

The original (Contract Sum)	\$ 4,979.00
Net change by previously authorized Change Orders	\$ 674.20
The contract sum prior to this Change Order was	\$ 5,653.20
The contract sum would be changed by this Change Order in the amount of	\$ 3,284.60
The new contract sum including this Change Order will be	\$ 8,937.80
The contract time will not be changed by this Change Order.	

**Lebolo Construction Management, Inc.**  
2100 Corporate Dr  
Boynton Beach, Florida 33426



---

SIGNATURE

DATE

**Total Quality Services**  
1850 SW Hackman Terrace  
Stuart, Florida 34997



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SIGNATURE

4/5/21

DATE



# Change Order Request

Date	C.O. Request No.
3/25/2021	21-925296

Remit to  
 1850 SW Hackman Terrace  
 Stuart, Florida 34997  
 P: (772) 220-2288  
 F: (772) 220-8999  
 sales@TQSDoors.com

Address  
 Lebolo Construction Management  
 Jim Jenco  
 Ramblewood Sq  
 1305 N University Dr  
 Coral Springs FL 33071

Description	Project		
	Qty	Rate	Total
1 – Chem-Pruf 3’0 x 6’8-3/4” 5-3/4” KD FRP Frame 1 – Chem-Pruf 3’0 x 6’8-3/4” 1-3/4” Flush FRP Door (Honeycomb Core)  Price factored at cost +10% OH&P as professional courtesy  Includes delivery  Lead time approximately 8 weeks from date of order	1	3,284.60	3,284.60T
<b>Total</b>			<b>\$3,284.60</b>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/30/2021

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 rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b> Bateman Gordon and Sands 3050 North Federal Hwy Lighthouse Point FL 33064	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 954-941-0900 FAX (A/C, No): 954-941-2006 E-MAIL ADDRESS: kdunn@bgsagency.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> Lebolo Construction Management, Inc. 2100 Corporate Drive Boynton Beach FL 33426	<b>INSURER A:</b> Amerisure Insurance Co. NAIC # 19488
	<b>INSURER B:</b> Amerisure Mutual Insurance Co. 23396
	<b>INSURER C:</b>
	<b>INSURER D:</b>
<b>INSURER E:</b>	
<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER: 50843873**                      **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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 OTHER:	Y Y	GL21152930101	9/11/2021	9/11/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y Y	CA21152920102	9/11/2021	9/11/2022	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y Y	CU21152940102	9/11/2021	9/11/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y N/A	WC21152950201	9/11/2021	9/11/2022	<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
B	Leased or Rented Equipment		IM21152960002	9/11/2021	9/11/2022	Limit: \$100,000      Deductible: \$1,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 DOCUMENT IS NOT COMPLETE UNLESS ACCOMPANIED BY THE ACORD 101.  
 General Liability: Additional Insured, Primary & Non-Contributory, Including On-Going & Completed Operations as required by written contract, per CG7048 1015. Waiver of Subrogation, as required by written contract, per CG7289 0417.  
 Auto Liability: Additional Insured & Waiver of Subrogation as required by written contract, per CA7171 0508. Covered Autos are Primary; Non-owned Autos are excess over any other collectible insurance, per CA0001 1013.  
 Workers' Compensation: Waiver of Subrogation, as required by written contract, per WC000313.  
 See Attached...

<b>CERTIFICATE HOLDER</b>  Palm Beach County Insurance Compliance PO Box 100085 - DX Duluth GA 30096	<b>CANCELLATION</b>  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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AGENCY CUSTOMER ID: LEBCO1

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Bateman Gordon and Sands		NAMED INSURED Lebolo Construction Management, Inc. 2100 Corporate Drive Boynton Beach FL 33426	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 26 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Excess Liability: Extends coverage to underlying General Liability, Auto Liability and Workers' Compensation/Employers Liability coverage.

30 Day Notice of Cancellation, Nonrenewal or Material Change - Third Party, per form IL7074 0116 applies.

ALL COVERAGES ARE SUBJECT TO THE POLICY TERMS, CONDITIONS AND EXCLUSIONS.

There are no Exclusions for XCU coverage. Workers' Compensation provides coverage for the State of Florida. Additional Insured: Palm Beach County Board of County Commissioners