

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

Meeting Date: September 12, 2023

[X] Consent [] Regular
[] Workshop [] Public Hearing

Department: Facilities Development & Operations

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Change Order No. 5 to Amendment No. 7 (R2021-1605) to the continuing Construction Manager (CM) at Risk Services contract (R2020-1690) with Robling Architecture Construction, Inc. for the Medical Examiner Facility Renovation project in the amount of \$49,999.95 and increase the project duration by 338 calendar days.


Summary: On November 2, 2021, the Board of County Commissioners (Board) approved Amendment No. 7 (R2021-1605) to the continuing CM at Risk Services contract (R2020-1690) with Robling Architecture Construction, Inc. in the amount of \$891,103 establishing a Guaranteed Maximum Price (GMP) for construction management services for the renovation of the Medical Examiner’s Facility. The project includes interior and exterior renovations to the facility, which will assist in supporting the additional need for two new forensic investigators. Change Order No. 5 to Amendment No. 7 (Change Order 5) authorizes the additional labor and materials necessary for the new door fire alarm devices for the Medical Examiner Facility Renovation project. Change Order 5 also increases the project duration by 338 calendar days, at no additional cost, due to the long lead time of materials procurement, delivery and installation of the new door fire alarm devices. The continuing CM at Risk Services contract was presented to the Goal Setting Committee on December 4, 2019 and the Committee established Affirmative Procurement Initiatives (APIs) of a Small Business Enterprise (SBE) evaluation preference of 10 points for the selection of the construction manager and a mandatory 20% SBE subcontracting goal on the contract. SBE participation for this change order is 54.02%. To date, the overall SBE participation on this project is 38.65%. Robling Architecture Construction, Inc. is a local business. Funding for this project is from the Public Building Improvement Fund. **(Capital Improvements Division) District 3 (MWJ)**

Background and Justification: Construction Management at Risk is a project delivery method in which the construction manager 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. Change Order 5 authorizes the labor and materials necessary for the new door fire alarm devices and also increases the project duration by 338 calendar days due to the long lead time of the materials procurement, delivery and installation of the new door fire alarm devices for the Medical Examiner Facility Renovation project.

Attachments:

1. Location Map
2. Budget Availability Statement
3. Change Order No. 5
4. Change Order History

Recommended by:  8/18/23
Department Director Date

Approved by:  8/28/23
County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2023	2024	2025	2026	2027
Capital Expenditures	<u>\$50,000</u>	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>\$50,000</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

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

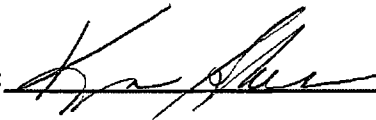
Budget Account Nos:

Fund 3804 Dept 411 Unit B612 Object 4907

CONSTRUCTION	\$49,999.95
STAFF COST	\$ 0.00
CONTINGENCY	<u>\$ 0.00</u>
TOTAL	\$49,999.95

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

Funding for this project is from the Public Building Improvement Fund.


C. Departmental Fiscal Review: 

III. REVIEW COMMENTS:

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

<p><u></u> 8/18/23 OFMB QA 8/18 <i>EW</i> 8-18-23</p>	<p><u></u> 8/23/23 Contract Administrator <i>TAB</i> 8/23/23</p>
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B. Legal Sufficiency:

 8/28/23
 Assistant County Attorney

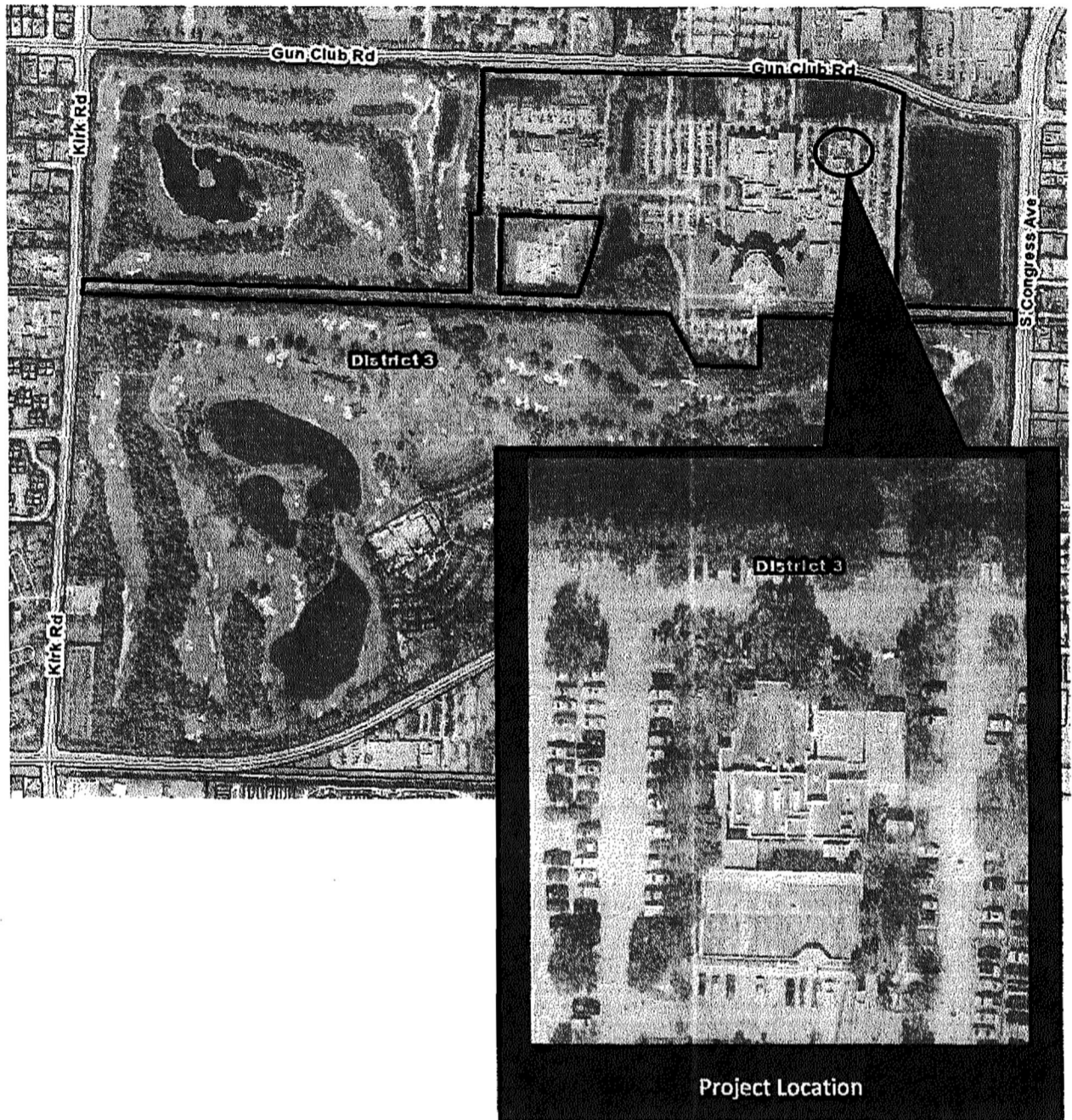
C. Other Department Review:

 Department Director

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

LOCATION MAP

Project No: 19217
Project Name: Medical Examiner Facility Renovation
Location: 3126 Gun Club Road, West Palm Beach, Florida 33406



BUDGET AVAILABILITY STATEMENT

REQUEST DATE: 05/16/2023

REQUESTED BY: Terri Wolfe

PHONE: 233-4408

PROJECT TITLE: Medical Examiner's Office Renovation
(Same as CIP or IST, if applicable)

IST PLANNING NO.:

ORIGINAL CONTRACT AMOUNT: \$981,103.00

BCC RESOLUTION#: R2021-1605

REQUESTED AMOUNT: \$49,999.95

DATE: 11/02/2021

eFDO #: 19217 2018 - 019516 Task #6

'SA or CHANGE ORDER NUMBER: Supp. CO#5

LOCATION: 3120 Gun Club Rd WPB

BUILDING NUMBER: 1208

DESCRIPTION OF WORK/SERVICE LOCATION: Medical Examiner's Office Bldg. - ~~HVAC Upgrade~~ Scope

PROJECT/W.O. NUMBER: 19217

CONSULTANT/CONTRACTOR: Robling Architecture Construction/ Jacobs

PROVIDE A BRIEF STATEMENT OF THE SCOPE OF SERVICES TO BE PROVIDED BY THE CONSULTANT/CONTRACTOR: This revision will incorporate code required Fire Alarm Updates. Added staff time is included to manage that work.

CONSTRUCTION	\$49,999.95
PROFESSIONAL SERVICES	\$
STAFF COSTS*	\$8,000.00 <i>KSh</i>
EQUIP. / SUPPLIES	\$
CONTINGENCY	\$
TOTAL	\$57,999.95

* 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: 3804 DEPT: 411 UNIT: B7T OBJ: 4907

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

- Ad Valorem (Amount \$ _____) Infrastructure Sales Tax (Amount \$ _____)
- State (source/type: _____ Amount \$ _____) Federal (source/type: _____ Amount \$ _____)
- Grant (source/type: _____ Amount \$ _____) Impact Fees: (Amount \$ _____)
- other (source/type: _____ Amount \$ _____)

Department: FDJO

BAS APPROVED BY: *[Signature]*

DATE 5/16/2023

ENCUMBRANCE NUMBER: _____

CHANGE ORDER BRIEF
MEDICAL EXAMINER FACILITY RENOVATION
PROJECT NO. 19217
DATE: 8/3/2023
CONTRACT NO. R2020-1690
AMENDMENT NO. 7 R2021-1605

Prime Contractor Robling Architecture Construction, Inc.

Change Order No. CO #5

Change Order Amount\$49,999.95

Changed Contract Time338 calendar days

Description of Construction Change Proposals (CCPs):

1. CCP #012: Provide New Door Fire Alarm Devices Per Fire Rescue ----- \$49,999.95
Total ----- \$49,999.95

Reason for Change and Code:

1. CCP#12: (R) Additional Fire Alarm devices required per PBC Fire Rescue remarks to provide complete coverage in the space. This work includes new devises, wiring, shop drawings, installation and ceiling / wall repair. The requested time extension is due to the lead time of the material procurement and installation.

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 (Supplier Default)
Z = Zoning/Code/Ordinance Change

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

SUBMITTED:

Project Manager
Capital Improvements Division

8/17/23

Date

If applicable:

API applicable to original contract: 20% SBE Subcontracting Goal

Original S/M/WBE participation for this Project: 30.18%

S/M/WBE participation for this Change Order: 54.02%

Revised S/M/WBE participation for Project after adjusted for Change Order: 38.65%

PALM BEACH COUNTY

CHANGE ORDER

ISSUED TO: <u>Robling Architecture Construction, Inc.</u>	CHANGE ORDER NO.: 5
PROJECT NAME: <u>Medical Examiner' Facility Renovation</u>	AMENDMENT NO 7: <u>R2021-1605</u>
PROJECT NO. <u>19217</u>	REFERENCE CCP NO.: <u>12</u>
	RESOLUTION NO.: <u>R2020-1690</u>
	DISTRICT NO.: <u>2</u>

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:

CCP #12 Additional Fire Alarm devices in Morgue Bldg only, per Fire Rescue remarks ----- \$49,999.95

Total CCP# (12) ----- \$49,999.95

Total Change Order ----- \$49,999.95

CONTRACT PRICE

Original Task Order #1	\$8,024.88
Amendment #7:	\$891,103.00
Total CO #1-4,	\$100,916.40
Total This CO #5	\$49,999.95
ADJUSTED Contract Price:	\$1,050,044.23

COMPLETION DATE

Contract Completion Date will be increased by 338 Calendar Days

Contract Notice To Proceed Date: 11/02/21

Contract Substantial Completion Date: 11/09/22

ADJUSTED Substantial Completion Date: 10/13/23

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:

Robling Architecture Construction, Inc.
 Contractor

By: [Signature]

Print Name: Damon Robling

Title: Pres. Date: 7/10/2023

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

Colome & Assoc., Inc.
 Design Professional

By: [Signature]

Print Name: Joe Colome

Title: pry. mgr. Date: 7/10/2023

PALM BEACH COUNTY
 Recommended By:

By: [Signature]
 Title: Project Manager Date: 8/18/23

By: [Signature]
 Title: Director, CID Date: 8-16-23

By: [Signature]
 Title: Director, FD&O Date: 8/18/23

By: _____
 Legal Sufficiency - CAO Date: _____

Approved By:

By: _____

Title: Mayor, BCC Date: _____

PALM BEACH COUNTY

MEDICAL EXAMINER RENOVATIONS

FIELD BULLETIN (FB) #01R1

TO: **Robling Architecture Construction, Inc.**
101 Walker Avenue
Greenacres, Florida 33463

FB NUMBER: 01R1
DATE: Rev. 06/9/2022
PROJECT NAME: PBC Medical Examiner Renovations

ATTENTION: **Mr. Brian Allen**

PROJECT NUMBER: #19217

REFERENCE: **Replacement of Existing Fire Alarm System at Lab Building.**

CONTRACT NUMBER: N/A

THIS BULLETIN IS NOT A CHANGE IN THE ABOVE CONTRACT NOR AN AUTHORIZATION TO THE CONTRACTOR TO PERFORM WORK, OTHER THAN CONTRACT WORK, OR TO STOP OR SUSPEND WORK UNLESS SPECIFICALLY AUTHORIZED BY THIS BULLETIN. However, it covers certain PROPOSED MODIFICATIONS to the work covered by said contract.

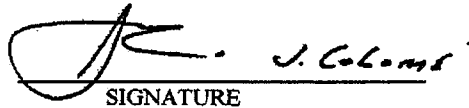
CAUSE: As requested by PBC CID and PBC ESS, provide cost values for the replacement of the existing fire alarm system at the Medical Examiner Lab Building. This work was not in the original scope of work.

DESCRIPTION: Provide cost values including labor and material for replacement of the existing fire alarm system at the Medical Examiner Lab Building. Contractor shall also include submittal drawings for final PBC ESS review and approval. (See attached revised specification and revised added Fire Alarm Drawings FA-1, FA-2, FA-3, and FA-4).

NOTE: The Contractor shall submit, within 21 days of receipt of this Bulletin, a CONSTRUCTION CHANGE PROPOSAL # next in detailed form, for the above referenced project.

ORIGINATOR:

Colome' & Associates, Inc.
FIRM


SIGNATURE

06/9/2022
DATE

REMARKS: _____

DISTRIBUTION: Owner's Project Manager
Owner's Field Representative

COLOME & ASSOCIATES, INC.
DESIGN PROFESSIONAL

06/9/2022
DATE

PALM BEACH COUNTY

CONSTRUCTION CHANGE PROPOSAL (CCP)

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

CCP NUMBER: 12

DATE: 07/06/2023

ATTENTION: Terri Wolfe

PROJECT NAME: Medical Examiner Facility Renovation

PROJECT NUMBER: 19217

REFERENCE: Add'l Fire Alarm Devices at Morgue

CONTRACT NUMBER:

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

DESCRIPTION:

Provide additional fire alarm devices in the Morgue Building only, to provide complete coverage per PBC Fire Rescue plan review comments.
Work includes shop drawings, permitting, new devices/wiring/modulars per ESS specifications, all new conduit raceway system, wall and ceiling repair as needed.

PROPOSED CONTRACT PRICE CHANGE (N/A) \$ 49999.95

PROPOSED CONTRACT TIME CHANGE (N/A) 338 days

PROPOSED NEW SUBSTANTIAL COMPLETION 10/13/23 date

FROM: Robling Architecture Construction, Inc.
CONTRACTOR

DISTRIBUTION: Colome & Associates

SIGNED: 

DATE: 5/18/2023

PALM BEACH COUNTY

CCP CALCULATION SHEET

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

CCP NUMBER: 12
DATE: 07/06/2023
PROJECT NAME: Medical Examiner Facility Renovation
PROJECT NUMBER: 19217
CONTRACT NUMBER:

ATTENTION: Terri Wolfe

REFERENCE: Add'l Fire Alarm Devices at Morgue

Item	Description	Labor Unit Cost	Labor Qty	Labor Total	Material Unit Cost	Material Qty	Material Total	Total Cost / Subcontractor Cost
	Godfrey Electric - Fire Alarm Work							\$ 45,019.00
	Robling Architecture Construction, Inc. - Wall/Ceiling repairs	\$55	40	\$2,200.00	\$400	1 L/S	\$400	\$ 2,600.00
	Robling Architecture Construction, Inc. - 5% OH&P							\$ 2,380.95
Total								49,999.95

CCP-12

ROBLING

ARCHITECTURE
CONSTRUCTION

AA-26001115 EB-28211 CGC-1504260

MATERIAL TAKE-OFF / ESTIMATE

Project: PBC Medical Examiner
Project No.: 19217
Date:
Ref: CCP-12 Fire Alarm Replacement

Misc. material for drywall repairs to accommodate new fire alarm conduit and boxes at existing walls

ITEM	DESCRIPTION	UNIT	UNIT COST	QUANTITY	TOTAL COST
DIV 07	Acoustic / Smoke Sealant				
	Acoustic / Fire Caulk (tube)	EA	\$15.00	3	\$45.00
DIV 09	GWB Repair				
	Matl -20ga metal stud & track	LF	\$1.50	24	\$36.00
	Matl - 5/8" Type X GWB	SF	\$0.55	180	\$99.00
	Matl - Misc material (joint compound, screws, paint supplies)	LOT	\$100.00	1	\$100.00
	Matl - Paint (primer & finish)	GAL	\$30.00	4	\$120.00

Sub-Total \$400.00



1222 Omar Road
West Palm Beach, Florida 33405
Phone 561-833-3753 Fax 561-833-3774

4/3/2023

~~06/29/2022~~

**To: Robling Architecture & Construction
Attn: Brian Allen**

**Budget Bid Proposal for: PBC Medical Examiner Office
Per concept plans dated 04/22/2022**

Included in price shown:

Provide and install the following items for a new Fire Alarm System to get 100% coverage.

1-Complete conduit system for new devices. Existing system if free wire.
1-Pull all new wire and terminate to new devices.

- 1 PARTS N SMARTS LABOR - PROGRAMMING, TESTING , AND INSPECTIONS
- 1 ENGINEERING & DRAWINGS, SEALS, RUNNER, APPLICATION
- 1 FIRE ALARM EQUIPMENT
- 11 ADDRESSABLE PHOTO SMOKE DETECTOR-SK365, REPLACEMENT FOR SD355
- 0 Addressable Relay Control Module
- 6 Mini monitor mod, AddressblAe, Supervisory MMF-301
- 6 135 °F (57° C) VERTICAL MOUNT, INDOOR OR OUTDOOR USE. CAN BE MOUNT
- 2 HORN/STROBE, 12/24 VOLT, MULTI-CANDELA, CEILING MOUNT
- 2 STROBE, 12/24 VOLT, MULTI-CANDELA , RED, CEILING MT
- 3 Intelligent Non-Relay Duct Smoke Detector
- 3 InnovairFlex sampling tube, steel, 5' with holes (fci)
- 3 MAGNET REMOTE TEST STATION replaces rts-451



Exceptions-Items not included in my BID-

Permit or utility fees
Davis Bacon Wages
Payment/Performance Bond
Patching or painting of walls, floors, or ceilings
Exhaust fans
Aiphone devices or wiring
Data wire or devices
TV wire or devices
Card reader wire, power supplies, or devices
Temporary power
Furniture whips
Panic button devices or wiring

General Notes-

GC to provide dumpsters for trash removal
Utilizing MC Cable where applicable
Overtime wages included
Quote is valid for 30 days

Budget Proposal Price \$45,019.00

Godfrey \$27,012.00 Bass - \$18,007.00

Sincerely,
Joe Godfrey
EC13007992



3000 Gateway Drive • Pompano Beach, FL 33069
(954) 785-7800 • Toll Free 1-800-372-2770 • Fax: (954) 785-7804

**PALM BEACH MEDICAL EXAMINER
3126 GUN CLUB ROAD
WEST PALM BEACH, FL. 33406**

RR-2021-000913-0002 Rev 1 Fire Alarm (Sub) - In Process

A) SCOPE OF WORK INDICATES AN UPGRADE OF THE FIRE ALARM SYSTEM. UPGRADE SHALL REQUIRE BRINGING ENTIRE SYSTEM UP TO PRESENT CODE AND LOCAL AMENDMENTS, WHICH SHALL INCLUDE, BUT NOT BE LIMITED TO, EARLY WARNING DETECTION IN ALL AREAS (ROOMS, CLOSETS, RESTROOMS, ETC). CONSIDER CHOICES OF EARLY WARNING LIFE SAFETY DETECTION DEVICES CAREFULLY. NOTE- HEAT DETECTION IS NOT CONSIDERED EARLY WARNING LIFE SAFETY DEVICES BUT SHALL BE ALLOWED IN HARSH ENVIRONMENT AREAS- MUST PROVIDE DETAIL OF WHAT IS BEING CONSIDERED HARSH ENVIRONMENT FOR USE OF HEAT DETECTION DEVICES..

FIRE ALARM DESIGN HAS BEEN REVISED PER CODE TO INCLUDE FULL DETECTOR COVERAGE THROUGHOUT BUILDING.

HEAT DETECTORS ARE USED IN THE FOLLOWING AREAS IN LIEU OF SMOKE DETECTORS DUE TO ENVIRONMENTAL CONDITIONS.

1. MECHANICAL ROOMS - HIGH VOLUME AIR EXCHANGE, DUST.
2. COOLER, FREEZER, BATHROOMS W/SHOWERS AND OUTDOOR AREAS - HIGH VOLUME AIR EXCHANGE, DUST, WATER/MIST AND TEMPERATURE CONDITIONS.

B) OCCUPANT NOTIFICATION SHALL MEET MINIMUM CODE REQUIREMENTS OF -15 dB ABOVE AMBIENT IN ALL AREAS - WALKIN COOLERS AND FREEZERS SHALL HAVE - AT MINIMUM - VISUAL INDICATION OF ALARM CONDITION WITHIN BUILDING

FIRE ALARM DESIGN HAS BEEN REVISED PER CODE TO INCLUDE FULL OCCUPANT NOTIFICATION COVERAGE. NEW POWER SUPPLY HAS BEEN ADDED TO THE SYSTEM FOR NAC CIRCUITS.



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PALM BEACH COUNTY BUILDING DIVISION

2300 N. JOG ROAD, WEST PALM BEACH, FL 33411
www.pbcgov.com/pzb/building

All Agency Comments
Total Records: 1

#	Comment	Drawing Designation	Reviewer	Entered	Review No	Status
1	<p>A) SCOPE OF WORK INDICATES AN UPGRADE OF THE FIRE ALARM SYSTEM. UPGRADE SHALL REQUIE BRINGING ENTIRE SYSTEM UP TO PRESENT CODE AND LOCAL AMAENDMENTS, WHICH SHALL INCLUDE, BUT NOT BE LIMITED TO, EARLY WARNING DETECTION IN ALL AREAS (ROOMS,CLOSETS,RESTROOMS, ETC). CONSIDER CHOICES OF EARY WARNING LIFE SAFETY DETECTION DEVICES CAREFULLY. NOTE- HEAT DETECTION IS NOT CONSIDERED EARLY WARNING LIFE SAFETY DEVICES BUT SHALL BE ALLOWED IN HARSH ENVIRONMENT AREAS- MUST PROVIDE DETAIL OF WHAT IS BEING CONSIDERED HARSH ENVIRONMENT FOR USE OF HEAT DETECTION DEVICES..</p> <p>B) OCCUPANT NOTIFICATION SHALL MEET MINIMUM CODE REQUIREMENST OF -15 dB ABOVE AMBIENT IN ALL AREAS - WALKIN COOLERS AND FREEZERS SHALL HAVE - AT MINIMUM - VISUAL INDICATION OF ALARM CONDITION WITHIN BUILDING.</p>		D'Angelo, Pat L	01/07/2023	1	Not Resolved

Total Records: 1

June 9, 2023

Ms. Terri Wolfe
Facilities Development & Operations Department
Palm Beach County Capital Improvements Division
2633 Vista Parkway
West Palm Beach, Florida 33411

Re: PBC Medical Examiner Facility Renovations
PBC Project No. 19217
CCP No. 12.

Dear Ms. Wolfe:

Colome' & Associates, Inc., architect has reviewed Robling Architecture Construction, Inc., request for approval of Construction Change Proposal No. 12 for the work described in Field Bulletin 1R1 for replacement of existing fire alarm system as requested by PBC ESS for the above referenced project. The CCP No. 12 is to address the additional Fire Rescue Permit requirements to add smoke detectors throughout for complete coverage.

Based on PBC ESS cost review of CCP 12, We have determined to the best of our ability that the added amount of forty-nine thousand nine hundred ninety-nine dollars and ninety-five (\$49,999.95) cents meets the industry's standards for the additional scope of work requested by Fire Rescue during permit review.

There are (338) days of time extension to the contract associated with CCP No. 12.

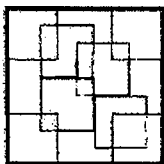
If you should have any questions, please do not hesitate to contact me.

Sincerely,



Joe O. Colome'
Senior Project Manager

CC: Elizabeth Colome'



Colomé & Associates, Inc.

Florida Registered Architect

Architecture □ Planning □ Interiors

330 24th Street □ West Palm Beach, Florida 33407 □ Telephone: (561) 833-7147 □ Facsimile: (561) 833-7355 □ Email: colome@colome-arch.net

OEBO SCHEDULE 1

SOLICITATION/PROJECT/BID NAME: Medical Examiner Renovations, CCP-12

SOLICITATION/PROJECT/BID NO.: 19217, CCP-12

SOLICITATION OPENING/SUBMITTAL DATE: _____

COUNTY DEPARTMENT: CID

Section A PLEASE LIST THE DOLLAR AMOUNT OR PERCENTAGE OF WORK TO BE COMPLETED BY THE PRIME CONTRACTOR/CONSULTANT* ON THE PROJECT:

NAME OF PRIME RESPONDENT/BIDDER: Robling Architecture Construction, Inc. ADDRESS: 101 Walker Avenue, Greenacres, FL 33463

CONTACT PERSON: Brian Allen PHONE NO.: 561-649-6705 E-MAIL: ballen@robling.com

PRIME'S DOLLAR AMOUNT OR PERCENTAGE OF WORK: \$4,980.95

*SMWBE Prime's must include their percentage or dollar amount in the Total Participation line under section B.

Non-SBE MBE WBE SBE

Section B PLEASE LIST THE DOLLAR AMOUNT OR PERCENTAGE OF WORK TO BE COMPLETED BY ALL SUBCONTRACTORS/SUBCONSULTANTS ON THE PROJECT BELOW:

Subcontractor/Sub consultant Name	(Check all Applicable Categories)				DOLLAR AMOUNT OR PERCENTAGE OF WORK					
	Non-SBE	MBE Minority Business	WBE Women Business	SBE Small Business	Black	Hispanic	Women	Caucasian	Asian	Other
	1. Godfrey Electric, Inc. VC0000115055 1222 Omar Rd., W. Palm Beach 33405 561-833-3753	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	_____	\$27,012.00	_____
2. Bass United Fire & Security Systems, Inc VS0000005266 3000 Gateway Dr, Pompano Beach 33069 954-785-7800	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	\$18,007.00
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____

(Please use additional sheets if necessary)

Total _____ \$27,012.00 \$18,007.00

Total Bid/Offer Price \$ \$49,999.95

Total Certified S/M/WBE Participation \$ \$27,012.00

I hereby certify that the above information is accurate to the best of my knowledge: Brian Allen *B. Allen* Sr. PM
 Name & Authorized Signature Title

- Note:
- The amount listed on this form for a Subcontractor/sub consultant must be supported by price or percentage listed on the properly executed Schedule 2 or attached signed proposal.
 - Only those firms certified by Palm Beach County at the time of solicitation due date are eligible to meet the established OEBO Affirmative Procurement Initiative (API). Please check the applicable box and list the dollar amount or percentage under the appropriate demographic category.
 - Modification of this form is not permitted and will be rejected upon submittal.

OEBO LETTER OF INTENT – SCHEDULE 2

A completed Schedule 2 is a binding document between the Prime Contractor/consultant and a Subcontractor/subconsultant (for any tier) and should be treated as such. The Schedule 2 shall contain bolded language indicating that by signing the Schedule 2, both parties recognize this Schedule as a binding document. All Subcontractors/subconsultants, including any tiered Subcontractors/subconsultants, must properly execute this document. Each properly executed Schedule 2 must be submitted with the bid/proposal.

SOLICITATION/PROJECT NUMBER: 19217 (CCP-12)

SOLICITATION/PROJECT NAME: PBC Medical Examiner

Prime Contractor: Robling Architecture Construction, Inc. Subcontractor: Godfrey Electric Inc.

(Check box(s) that apply)

SBE WBE MBE M/WBE Non-S/M/WBE Date of Palm Beach County Certification (if applicable): 4/15/22 - 4/14/25

The undersigned affirms they are the following (select one from each column if applicable):

Column 1	Column 2	Column 3
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian American <input checked="" type="checkbox"/> Caucasian American	<input type="checkbox"/> Supplier
	<input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American	

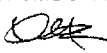
S/M/WBE PARTICIPATION – S/M/WBE Primes must document all work to be performed by their own work force on this form. Failure to submit a properly executed Schedule 2 for any S/M/WBE participation may result in that participation not being counted. Specify in detail, the scope of work to be performed or items supplied with the dollar amount and/or percentage for each work item. S/M/WBE credit will only be given for the areas in which the S/M/WBE is certified. A detailed proposal may be attached to a properly executed Schedule 2.

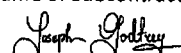
Line Item	Item Description	Unit Price	Quantity/Units	Contingencies/Allowances	Total Price/Percentage
	Electrical / Fire Alarm				\$45,019.00

The undersigned Subcontractor/subconsultant is prepared to self-perform the above-described work in conjunction with the aforementioned project at the following total price or percentage: \$27,012

If the undersigned intends to subcontract any portion of this work to another Subcontractor/subconsultant, please list the business name and the amount below accompanied by a separate properly executed Schedule 2.

Bass United Price or Percentage: 40% (\$18,007)
 Name of 2nd/3rd tier Subcontractor/subconsultant

Robling Architecture Construction, Inc.
 Print Name of Prime
 By: 
 Authorized Signature
Damon Robling
 Print Name
President
 Title
 Date: 4/17/23

Godfrey Electric, Inc.
 Print Name of Subcontractor/subconsultant
 By: 
 Authorized Signature
Joseph C Godfrey
 Print Name
Vice President
 Title
 Date: 08/08/2023

OEBO LETTER OF INTENT – SCHEDULE 2

A completed Schedule 2 is a binding document between the Prime Contractor/consultant and a Subcontractor/subconsultant (for any tier) and should be treated as such. The Schedule 2 shall contain bolded language indicating that by signing the Schedule 2, both parties recognize this Schedule as a binding document. All Subcontractors/subconsultants, including any tiered Subcontractors/subconsultants, must properly execute this document. Each properly executed Schedule 2 must be submitted with the bid/proposal.

SOLICITATION/PROJECT NUMBER: 19217 (CCP-12)

SOLICITATION/PROJECT NAME: PBC Medical Examiner

Prime Contractor: Godfrey Electric, Inc. Subcontractor: Bass United Fire & Security, Inc

(Check box(s) that apply)

SBE WBE MBE M/WBE Non-S/M/WBE Date of Palm Beach County Certification (if applicable): _____

The undersigned affirms they are the following (select one from each column if applicable):

Column 1	Column 2	Column 3
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian American <input checked="" type="checkbox"/> Caucasian American	<input checked="" type="checkbox"/> Supplier
	<input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American	

S/M/WBE PARTICIPATION – S/M/WBE Primes must document all work to be performed by their own work force on this form. Failure to submit a properly executed Schedule 2 for any S/M/WBE participation may result in that participation not being counted. Specify in detail, the scope of work to be performed or items supplied with the dollar amount and/or percentage for each work item. S/M/WBE credit will only be given for the areas in which the S/M/WBE is certified. A detailed proposal may be attached to a properly executed Schedule 2.

Line Item	Item Description	Unit Price	Quantity/ Units	Contingencies/ Allowances	Total Price/Percentage
	Fire Alarm				\$18,007.00

The undersigned Subcontractor/subconsultant is prepared to self-perform the above-described work in conjunction with the aforementioned project at the following total price or percentage: _____

If the undersigned intends to subcontract any portion of this work to another Subcontractor/subconsultant, please list the business name and the amount below accompanied by a separate properly executed Schedule 2.

_____ Price or Percentage: _____

Name of 2nd/3rd tier Subcontractor/subconsultant

Godfrey Electric, Inc.
 Print Name of Prime
 By: *Joseph Godfrey*
 Authorized Signature
Joseph C Godfrey
 Print Name
Vice President
 Title
 Date: 08/11/2023

Bass United Fire & Security, Inc
 Print Name of Subcontractor/subconsultant
 By: *Brad Higdon*
 Authorized Signature
Brad Higdon
 Print Name
President
 Title
 Date: 08/11/2023



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/22/2023

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).

PRODUCER CAL Risk Management 23 Eganfuskee Street Suite 102 Jupiter, FL 33477	CONTACT NAME: Britney King	
	PHONE (A/C, No, Ext): (561) 868-6287	FAX (A/C, No): (561) 427-6730
E-MAIL ADDRESS: Bking@callc.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Amerisure Mutual Ins Co		23396
INSURER B : Amerisure Insurance Co		19488
INSURER C : Arch Specialty Insurance Company		21199
INSURER D :		
INSURER E :		
INSURER F :		

INSURED: **Robling Architecture Construction, Inc.
101 Walker Avenue
Greenacres, FL 33463**

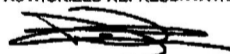
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 INSD	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"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		GL20769241102	5/23/2023	5/23/2024	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
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CA21175800101	5/23/2023	5/23/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CU21175830102	5/23/2023	5/23/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> if yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC205420614	5/23/2023	5/23/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 5,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 5,000,000
C	<input checked="" type="checkbox"/> Professional Liabili			PDCPP0014506	5/23/2023	5/23/2024	Limit per Claim/Agg 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as additional insured including products and completed operations for general liability per CG7324 and additional insured on the Auto when required by written contract. General Liability is primary and non-contributory when required by written contract. Waiver of subrogation applies to general liability, Auto and workers comp for the certificate holders when required by written contract. Umbrella extends over general liability, auto liability, and employer's liability. Cancellation 30-days' notice of cancellation applies except 10-days for non-payment of premium per policy terms and conditions.

Palm Beach County, a Political subdivision of the State of Florida, its officers and agents and employees, is added as additional insured including products and completed operations for general liability per CG7048, and auto liability when required by written contract. General Liability is primary and non-SEE ATTACHED ACORD 101

CERTIFICATE HOLDER Palm Beach County, Facilities Development & Operations Capital Improvements Division 2633 Vista Parkway West Palm Beach, FL 33411	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



ADDITIONAL REMARKS SCHEDULE

AGENCY CAL Risk Management		NAMED INSURED Robling Architecture Construction, Inc. 101 Walker Avenue Greenacres, FL 33463 Palm Beach	
POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE: SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
contributory when required by written contract. Waiver of subrogation applies to general liability, auto liability, and workers comp for the certificate holders when required by written contract. Umbrella extends over general liability, auto liability, and employer's liability. Cancellation applies as per policy terms, conditions and exclusions.

RIDER TO BOND

TO BE ATTACHED TO AND FORM PART OF:

Bond No. 2303784

Public Construction Bond

(Type of Bond)

IN FAVOR OF:

Palm Beach County Board of County Commissioners
(Obligee)

ON BEHALF OF:

Robling Architecture Construction, Inc.
(Principal)

ORIGINAL BOND AMOUNT: \$ 891,103.00

IT IS AGREED THAT, In consideration of the original premium charged for this bond, and any additional premium that may be properly chargeable as a result of this rider,

1. The Surety hereby gives its consent to:

- (X) INCREASE BOND AMOUNT () CHANGE THE NAME OF THE PRINCIPAL
() DECREASE BOND AMOUNT () CHANGE THE ADDRESS OF PRINCIPAL
() CHANGE THE EXPIRATION DATE () CHANGE THE BOND NUMBER

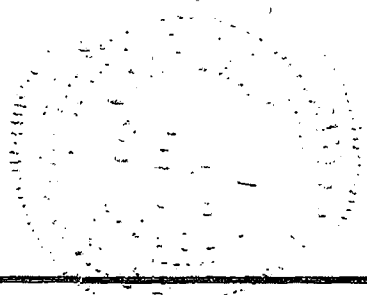
BOND AMOUNT SHALL BE INCREASED TO A TOTAL OF \$ 1,050,044.23

2. PROVIDED, however, that the attached bond shall be subject to all its agreements, limitations, and conditions except as herein expressly modified, and that the liability of the Surety under the attached bond and under the attached as changed by this rider shall not be cumulative.

Signed, and sealed this 1st day of August, 2023 .

Swiss Re Corporate Solutions America Insurance Corporation
(Surety)

By: Brett A. Ragland
(Attorney-in-Fact)
Brett A. Ragland, Attorney-In-Fact



SWISS RE CORPORATE SOLUTIONS

SWISS RE CORPORATE SOLUTIONS AMERICA INSURANCE CORPORATION F/K/A NORTH AMERICAN SPECIALTY INSURANCE COMPANY ("SRCSAIC")
SWISS RE CORPORATE SOLUTIONS PREMIER INSURANCE CORPORATION F/K/A WASHINGTON INTERNATIONAL INSURANCE COMPANY ("SRCSPIC")
WESTPORT INSURANCE CORPORATION ("WIC")

GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, THAT SRCSAIC, a corporation duly organized and existing under laws of the State of Missouri, and having its principal office in the City of Kansas City, Missouri, and SRCSPIC, a corporation organized and existing under the laws of the State of Missouri and having its principal office in the City of Kansas City, Missouri, and WIC, organized under the laws of the State of Missouri, and having its principal office in the City of Kansas City, Missouri, each does hereby make, constitute and appoint:

JOSEPH D. JOHNSON, JR., JOSEPH D. JOHNSON, III, BRETT A. RAGLAND, FRANCIS T. O'REARDON and TYLER RAGLAND

JOINTLY or SEVERALLY

Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of:

TWO HUNDRED MILLION (\$200,000,000.00) DOLLARS

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both SRCSAIC and SRCSPIC at meetings duly called and held on the 18th of November 2021 and WIC by written consent of its Executive Committee dated July 18, 2011.

"RESOLVED, that any two of the President, any Managing Director, any Senior Vice President, any Vice President, the Secretary or any Assistant Secretary be, and each or any of them hereby is, authorized to execute a Power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Corporation bonds, undertakings and all contracts of surety, and that each or any of them hereby is authorized to attest to the execution of any such Power of Attorney and to attach therein the seal of the Corporation; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Corporation may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be binding upon the Corporation when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached."



By Erik Janssens, Senior Vice President of SRCSAIC & Senior Vice President of SRCSPIC & Senior Vice President of WIC

[Signature of Erik Janssens]

By Gerald Jagrowski, Vice President of SRCSAIC & Vice President of SRCSPIC & Vice President of WIC

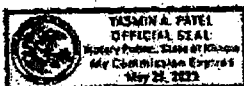
IN WITNESS WHEREOF, SRCSAIC, SRCSPIC, and WIC have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers

this 29TH day of APRIL, 2022

State of Illinois
County of Cook

Swiss Re Corporate Solutions America Insurance Corporation
Swiss Re Corporate Solutions Premier Insurance Corporation
Westport Insurance Corporation

On this 29TH day of APRIL, 2022, before me, a Notary Public personally appeared Erik Janssens, Senior Vice President of SRCSAIC and Senior Vice President of SRCSPIC and Senior Vice President of WIC and Gerald Jagrowski, Vice President of SRCSAIC and Vice President of SRCSPIC and Vice President of WIC, personally known to me, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as officers of and acknowledged said instrument to be the voluntary act and deed of their respective companies.



[Signature of Yasmin A. Patel]

Yasmin A. Patel, Notary

I, Jeffrey Goldberg, the duly elected Senior Vice President and Assistant Secretary of SRCSAIC and SRCSPIC and WIC, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said SRCSAIC and SRCSPIC and WIC, which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 1st day of August, 2023.

[Signature of Jeffrey Goldberg]
Jeffrey Goldberg, Senior Vice President & Assistant Secretary of SRCSAIC and SRCSPIC and WIC

CHANGE ORDER HISTORY
 Medical Examiner Facility Renovations
 Project No. 19216

No.	Description	Date Approved	Contingency Use Directive (CUD)	Amount Approved by Director	Amount Approved by CRC	Amount Approved by BCC	Days Approved by Director	Days Approved by CRC	Days Approved by BCC	\$ S/M/WBE (Black/Hispanic)	SBE % for CO / CUD (B/H)	SBE % (B/H)	\$ S/M/WBE (Total)	SBE % for CO / CUD (Total)	SBE % (Total)	
TO01	Task Order #01	5/3/2022		\$8,024.88						\$0.00	0.00%	0.00%	\$ 8,024.88	100.00%	100.00%	
WO #7	Amendment To Annual Contract	11/2/2021				\$ 891,103.00				\$ 8,719.00	0.00%	0.00%	\$ 268,943.00	28.75%	34.81%	
CUD1	CUD #1	8/4/2022	\$18,517.77							\$0.00	0.00%	0.00%	\$ 10,955.00	59.16%	34.81%	
CO3	CO #3	10/11/2022		\$ 25,035.00						\$0.00	0.00%	0.00%	\$25,035.00	100.00%	40.35%	
CO3	CO #3	10/11/2022			\$75,881.40			90		\$0.00	0.00%	0.00%	\$59,969.00	79.03%	37.88%	
CO4	CO4 / CUD #2	10/6/2022	\$8,790.00							\$0.00	0.00%	0.00%	\$5,869.00	0.00%	40.58%	
CO5	CO5	Pending		\$49,999.95					338	\$0.00	0.00%	0.00%	\$27,012.00	54.02%	77.29%	
	Totals		\$27,307.77	\$83,059.83	\$ 75,881.40	\$891,103.00	0	90	338	\$8,719.00	---	0.83%	\$405,807.88	---	38.65%	
				DIR + CRC DOLLARS TO DATE			DIR + CRC TOTAL DAYS TO DATE									
				\$158,941.23			90									

API Applicable to Original Contract
 ORIGINAL CONTRACT PRICE (TO1) \$8,024.88
 AMENDMENTS # 7 \$891,103.00
 PREVIOUS COs 1-4 \$ 100,916.40
 THIS CHANGE ORDER (CO4) \$49,999.95
 ADJUSTED CONTRACT PRICE \$1,050,044.23

Min 20% SBE Participation;
 \$8,024.88
 \$891,103.00
 \$ 100,916.40
 \$49,999.95
 \$1,050,044.23

	CCP Total	SBE Schedule
CCP1	\$ 3,148.00	\$ 2,498.00
CCP2	\$ 785.00	\$ -
CCP3	\$ 4,957.77	\$ -
CCP4	\$ 4,442.00	\$ 3,602.00
CCP5	\$ 5,185.00	\$ 4,855.00
CCP6	\$ 25,035.00	\$ 25,035.00
CCP7	\$ 75,881.40	\$ 59,969.00
CCP8	\$ 5,860.00	\$ -
CCP9	\$ 2,330.00	\$ -
CCP12	\$ 49,999.94	\$ 45,019.00
	\$ 177,624.11	\$ 140,978.00

	CUD Balance		
	\$35,644.00		
1	\$17,126.23	(\$18,517.77)	CUD 01
2	\$8,336.23	(\$8,790.00)	CUD 02
3			
4			
		(\$27,307.77)	