| • | Lee County Board Of County Commission | oners | |
|--|--|---|--|
| | Agenda Item Summary | Blue Sheet No. 20020240 | |
| 1. REQUESTED MOTION: | | | |
| ACTION REQUESTED: Approve emergency E-02-01 EMERGENCY REPAIRS TO THE HVAC SYSTEM AT THE MICHIGAN | | | |
| AVENUE HEALTH DEPARTMENT, to B&I Contractors Inc., in the amount of \$99,000.00. Also, approve budget transfer from Capital | | | |
| Improvement Fund reserves in the amount of \$99,000.00 and amend FY 01-05/06 CIP for the Capitalized Building Maintenance | | | |
| WHY ACTION IS NECESSARY: In accordance with the Lee County Contract Manual approved by the Board on September 25, 2001, | | | |
| the Board is required to approve all emergencies over \$50,000.00. | | | |
| WHAT ACTION ACCOMPLISHES: Provides for the repair of the HVAC system in the Lee Health Departments Tuberculosis (TB) Clinic. | | | |
| 2. DEPARTMENTAL CATEGORY: | | | |
| 02 Construction & Design | | 3. MEETING DATE: | |
| COMMISSION DISTRICT #: | A2A | A2 2/ 1002 | |
| COMMISSION DISTRICT #. | ПОП | 03-26-2002 | |
| 4. AGENDA: | 5. REQUIREMENT/PURPOSE: | 6. REQUESTOR OF INFORMATION: | |
| | (Specify) | | |
| CONSENT | STATUTE | A. COMMISSIONER | |
| x ADMINISTRATIVE | ORDINANCE | B. DEPARTMENT Construction & Design | |
| APPEALS | x ADMIN. CODE AC-4-4 | C. DIVISION Facilities Mgmt. | |
| PUBLIC | OTHER | BY: Richard Beck, Div. Director | |
| WALK ON | | Attended Been, Div. Director // | |
| TIME REQUIRED: | | - · · · · · · · · · · · · · · · · · · · | |
| 7. BACKGROUND: | | | |
| During a routine maintenance on the HV | AC system used at the Michigan Avenue He | alth Department an air quality audit indicated that | |
| During a routine maintenance on the HVAC system used at the Michigan Avenue Health Department an air quality audit indicated that insufficient controls were in place to prevent the spread of communicable diseases while treating patients. An engineering study was | | | |
| performed to validate the initial results of | the air quality audit. Those results indicate | ed the negative pressure air system in the | |
| performed to validate the initial results of the air quality audit. Those results indicated the negative pressure air system in the Tuberculosis (TB) Clinic had totally failed. The replacement of the system is an emergency due to the fact that the TB Health Department | | | |
| employees as well as anyone needing serv | vice at the clinic would be put in danger of b | being exposed to TB particulars in the air. | |
| | | | |
| Pursuant to the Lee County Contract Man | ual, Section 1, 1.6 Emergency Services, the | County Manager may authorize emergency services | |
| of Board authorization or higher (over \$5) | 0,000) and waive any bid requirements and | then recommend to the Board of County | |
| Commissioners its approval of the project. | | | |
| | | | |
| The Division of Facilities Management contacted two (2) firms that are qualified installation specialists in this type of air filtration | | | |
| system. The low priced proposal was selected from B&I Contractors Inc. to repair the HVAC system immediately. It is therefore, being | | | |
| recommended that the Board approve the emergency to B& I Contractors Inc., in the amount of \$99,000.00. | | | |
| The attached budget transfer is to make funding available in account 20870030100.506540.802. | | | |
| Attachments (1) Floride Department of | inding available in account 208/0030100.50 |)6540.802. | |
| Attachment: (1) Florida Department of 1 | Health Justification memo | | |
| (2) Proposals from Cole's and B&I Contractors | | | |
| (3) Request for Transfer of Funds | | | |
| 8. MANAGEMENT RECOMMENDATIONS: | | | |
| 6. MANAGEMENT RECOMMENDATIONS: | | | |
| | | | |
| 9. RECOMMENDED APPROVAL: | | | |
| | | | |
| A B C Department Purchasing Human | D E County | F G County Manager | |
| Director or Confracts Resources | Attorney | W 3 13102 County Manager | |
| Note of Barrier | | DM Risk GC | |
| Wred Spren MA | AD W | , LO Oppor Dayandes | |
| 3//2/02 3/ | Timbo) | 10 Marion | |
| 1.2/02 3/12/ | 300 312107 313-02 31 | 3/0 3/3 3/13 Faundes_ | |
| 702 | | 3/13 3.12.02 | |
| 10. COMMISSION ACTION: | | | |
| APPROVED AN CO. RECEIVED BY | | | |
| APPROVED DE CO. ATTY. DENIED RECEIVED BY COUNTY ADMIN. | | | |
| | | 7 70 | |
| OTHER CO. ATTY. | | | |
| FORMER TO: COUNTY ADMIN. | | | |
| FORWARDED TO: | | | |
| 3/2 CO | | | |
| | | | |



March 7, 2002

Terry Russe Lee County Maintenance and Repair Service

Dear Mr. Russe

The negative pressure air system in our Tuberculosis (TB) Clinic has totally failed. This replacement of the system is an emergency due to the fact that our TB Health Department employees as well as anyone needing our service at the clinic are being put in danger of being exposed to TB particulars in the air.

Your help in expediting the replacement of our current HVAC system will be greatly appreciated.

Sincerely,

Bill Mallett Assistant Director

Lee County Health Department

Enc





February 27, 2002

PROPOSAL

Lee County Facilities Management 1765 Henderson Ave Ft Myers, Fl 33916

Re: Lee County Health Dept HVAC Retrofit Project Project #101231

We hereby propose the following:

HVAC as per plans dated 01/25/02 and specifications provided with an allowance included for Test and Balance procedure (see note).

| Equipment and Material | \$68,750.00 |
|----------------------------|-------------------------|
| Labor Cost | 34,676.00 |
| Test and Balance Allowance | 4,500.00 (see note 1) |
| Total Proposed Project | 107,926.00 (see note 2) |

Note 1: Test and Balance specifications call for 80 hours of inspection during construction, along with sound/vibration testing and pulley/belt replacement. The allowance above varies from the specification, but is adequate in its scope to assure performance of the installed systems. Should the Test and Balance require charges of more than \$4,500.00 the amount exceeding \$4,500.00 is not included in this proposal.

Note 2: Total price does not include any special disposal of any materials that are being removed from this project.

Respectfully submitted, Cole's Air Diagnostics

John E. Cole

State Certified Air Conditioning Contractor #CAC024366

National Balance Institute Test and Balance Certification #0191302

Phone: (941) 332-4646 Fax: (941) 332-5928



CMC 056245 CFC 054877 ECO 001109

PROPOSAL March 4, 2002

To:

Lee County Maintenance

Attn:

2701 Prince Street

Ft. Myers, FL 33916-5529

Terry

Phone:

941-338-3362

Fax:

941-338-3357

Project:

Lee County Health Department - Michigan Ave.

We hereby submit a proposal for the HVAC work as detailed on plans M-1, M-2, M-3, M-4, E-1, E-2, and Mechanical Specifications dated 25JAN2002.

> Total Material: Total Labor: Total Bid:

\$99,000.00

HVAC / Electrical Scope Includes the Following:

- 1. One (1) 100% Addison Outdoor Air Unit.
- 2. Furnish and install required disconnects, breakers, conduit and wire as indicated on plans.
- Add fire alarm devices to existing system.
- 4. A complete control system including thermostats to control electric heaters, and manometers to measure pressure.
- 5. Demolition of existing equipment and ductwork as indicated. Spaces to be kept under a negative pressure as indicated on plans. Ceiling to be removed and reinstalled. Broken ceiling tiles to be replaced as needed.
- 6. Two (2) new drywall chases.
- 7. All required roofwork to include new exhaust fan curbs, ductwork penetration curbs, and new curb for new RTU.
- 8. A complete sheetmetal air distribution system with scheduled air devices, and R-6 wrap insulation (exhaust ductwork not insulated).
- 9. Scheduled exhaust fans with required accessories.
- 10. One (1) year warranty on all labor and materials from date of installation.
- 11. A \$1,500.00 allowance for Test and Balance is included.

General Notes:

- 1. This proposal is based upon receiving a standard AIA agreement if awarded this work. It is understood that all notes and exclusions included in this proposal shall be made a part of the subcontract agreement.
- 2. Add 0.7% to our bid if Performance/Payment bond is required.
- 3. All work to be performed during normal business hours. A two week time period is required in which the spaces need to be unoccupied in order to complete the HVAC work.
- 4. Before any work is performed, the Fire Alarm system must be certified, by others, to be fully functioning.
- 5. This proposal may be withdrawn if not accepted within thirty (30) days.

Respectfully Submitted,

Brian F. Mumme

Specialized Projects Division

cc: GG(BF), DJ, JNG

http://www.BandiContractors.com

Bandl@BandlContractors.com