

**Lee County Board Of County Commissioners**  
Agenda Item Summary

Blue Sheet No: 20030587

**1. REQUESTED MOTION**

**ACTION REQUESTED:** Execute an amendment to Contract C-2380 between the Lee County Housing Development Corporation (HDC) and Lee County increasing the SHIP (State Housing Initiatives Partnership) funds awarded to the HDC by \$10,000 (from \$55,412 to \$65,412) and changing the contract scope from providing housing facilities for 2 very low income households with special needs such as mental illness to providing housing facilities for 6 very low income persons with special needs such as mental illness.

**WHY ACTION IS NECESSARY:** Increasing the contract would enable the HDC to increase the number of persons with special needs such as mental illness from 2 households to 6 persons. Because Lee County has a critical shortage of beds to house persons with mental illness, these additional beds are greatly needed.

**WHAT ACTION ACCOMPLISHES:** Provides for additional beds to house persons with special needs such as mental illness.

**2. DEPARTMENTAL CATEGORY: 04**  
**COMMISSION DISTRICT #: CW**

*C4A*

**3. MEETING DATE:**  
*05-27-2003*

**4. AGENDA:**

- CONSENT
- ADMINISTRATIVE
- APPEALS
- PUBLIC
- WALK ON
- TIME REQUIRED:

**5. REQUIREMENT/PURPOSE:**

- (Specify)*
- STATUTE
  - ORDINANCE
  - ADMIN. CODE
  - OTHER

**6. REQUESTOR OF INFORMATION:**

- A. COMMISSIONER N/A
- B. DEPARTMENT Community Development
- C. DIVISION Planning
- BY: Paul O'Connor, AICP, Planning Director  
*POC 5/14/03*

**7. BACKGROUND:**

As part of the SHIP supplemental Cycle #1 for funding year 2001/2002, on February 25, 2003 Lee County awarded the HDC \$55,412 in SHIP funds to develop scattered site supportive housing (Blue Sheet 20030182). The project scope requires that HDC will develop 1 duplex (2 units) with 2 bedrooms in each unit. A total of 4 bedrooms will be leased to 4 persons with chronic mental illness in partnership with the Ruth Cooper Center, which will provide support services. The Department of Human Services will make available \$144,588 in funds for this project.

The HDC requested that the \$55,412 in SHIP funds be increased by \$10,000 in order to increase the size of the duplex from 2 bedrooms in each unit to 3 bedrooms in each unit. As a result of this increase, a total of 6 bedrooms would be leased to 6 very low-income persons with special needs such as mental illness.

Staff recommends approval of this request because: 1) the request is in compliance with the SHIP rules and regulations and 2) the request provides for additional beds for very low income persons with mental illness.

Funds are available in LB5540513801.508301 LB005 to increase the total award under Contract C-2380 by \$10,000 from \$55,412 to \$65,412.

**8. MANAGEMENT RECOMMENDATIONS:**

**9. RECOMMENDED APPROVAL:**

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services	G County Manager								
<i>M. Gibbs</i>	<i>[Signature]</i>	N/A	N/A	<i>[Signature]</i> 5/15/03	<table border="1"> <tr> <td>OA</td> <td>COM</td> <td>Risk</td> <td>GC</td> </tr> <tr> <td><i>[Signature]</i> 5/15/03</td> <td><i>[Signature]</i> 5/15/03</td> <td><i>[Signature]</i> 5/15/03</td> <td><i>[Signature]</i> 5/15/03</td> </tr> </table>	OA	COM	Risk	GC	<i>[Signature]</i> 5/15/03	<i>[Signature]</i> 5/15/03	<i>[Signature]</i> 5/15/03	<i>[Signature]</i> 5/15/03	<i>[Signature]</i> 5/15/03
OA	COM	Risk	GC											
<i>[Signature]</i> 5/15/03	<i>[Signature]</i> 5/15/03	<i>[Signature]</i> 5/15/03	<i>[Signature]</i> 5/15/03											

**10. COMMISSION ACTION:**

- APPROVED
- DENIED
- DEFERRED
- OTHER

REC. by CoAtty  
Date: *5/15/03*  
Time: *9:04 am*  
Forwarded To:  
*DC doc by Admin*  
*5-15-03 9:20*

RECEIVED BY  
COUNTY ADMIN. *TD*  
*5-15-03*  
*9:15*  
COUNTY ADMIN.  
FORWARDED TO: *[Signature]*  
*5/15 50*

AMENDMENT TO THE  
AGREEMENT BETWEEN THE  
LEE COUNTY BOARD OF COUNTY COMMISSIONERS  
AND  
Lee County Housing Development Corporation (LCHDC)

WITNESSETH:

WHEREAS, the referenced Parties to Contract No. C-2380 desire to amend the Contract pursuant to its Section I.A.

NOW, THEREFORE IN CONSIDERATION OF THE MUTUAL PROMISES STATED HEREIN, the referenced contract Section I.A. is amended as follows with new language underlined and amended language struck-through:

**EXHIBIT A**

1. a. The Project, as approved for grant assistance, shall consist of the following authorized scope of Project work:
  - Acquisition of 1 newly constructed duplex (2 units) with 3 bedrooms in each unit. A total of 6 bedrooms will be leased to 6 very-low income persons with chronic mental illness. ~~for 2 rental households, 2 very low income rental households for persons with Special Needs (such as for example, chronic mental illness)~~ to be completed by December 31, 2003.
- b. The amount of funds awarded under this grant is \$65,412.00 ~~\$55,412.00~~. The Grantor is not obligated or authorized to award any funds in addition to this amount.

The Parties hereby executed this Amendment on \_\_\_\_\_, 2003.

CHARLIE GREEN, CLERK

BOARD OF COUNTY COMMISSIONERS  
LEE COUNTY, FLORIDA

BY \_\_\_\_\_  
DEPUTY CLERK

BY: \_\_\_\_\_  
CHAIRMAN

*Lucy Shepard*  
Witness (Signature)

BY: *Shirley K. Helwig*  
Lee County Housing Development  
Corporation

*Lucy Shepard*  
Witness (Name, Address)  
*P.O. Box 2724*  
*Fort Myers FL 33904*

Title: EXECUTIVE DIRECTOR

FEIN#: 65-0295038

*M. Rodriguez*  
Witness (Signature)

MIRTA RODRIGUEZ  
Witness (Name, Address)  
13855 PLATANOS DR  
FORT MYERS FL 33905

APPROVED AS TO FORM  
OFFICE OF COUNTY ATTORNEY

BY: \_\_\_\_\_  
Lee County Attorney's Office

CERTIFICATE OF INSURANCE

The company indicated below certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate. This Certificate of Insurance does not amend, extend, or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy numbered and described below.

CERTIFICATE HOLDER:

INSURED:

LEE COUNTY HOUSING  
 DEVELOPLNT CORP HDC  
 PO BOX 2854  
 FT MYERS, FL 33902

TYPE OF INSURANCE	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
LIABILITY	77-PR-464354-3001	07-01-02	07-01-03	
<input checked="" type="checkbox"/> Liability and Medical Expense	NATIONWIDE MUTUAL FIRE INSURANCE CO.			Any One Occurrence..... \$ 1,000,000
<input checked="" type="checkbox"/> Personal and Advertising Injury				Any One Person/Org ..... \$ 1,000,000
<input checked="" type="checkbox"/> Medical Expenses				ANY ONE PERSON ..... \$ 5,000
<input checked="" type="checkbox"/> Fire Legal Liability				Any One Fire or Explosion \$ 100,000
				General Aggregate* ..... \$ 1,000,000
				Prod/Comp Ops Aggregate* . \$ 1,000,000
<input type="checkbox"/> Other Liability				
AUTOMOBILE LIABILITY	77-BA-464354-3001	07-01-02	07-01-03	
<input checked="" type="checkbox"/> BUSINESS AUTO	NATIONWIDE MUTUAL FIRE INSURANCE CO.			Bodily Injury (Each Person) ..... \$ (Each Accident) ..... \$
<input type="checkbox"/> Owned				Property Damage (Each Accident) ..... \$
<input checked="" type="checkbox"/> Hired				Combined Single Limit .... \$ 1,000,000
<input checked="" type="checkbox"/> Non-Owned				
EXCESS LIABILITY				Each Occurrence ..... \$
<input type="checkbox"/> Umbrella Form				Prod/Comp Ops/Disease Aggregate* ..... \$
				STATUTORY LIMITS
<input type="checkbox"/> Workers' Compensation and				BODILY INJURY/ACCIDENT ... \$
<input type="checkbox"/> Employers' Liability				Bodily Injury by Disease EACH EMPLOYEE ..... \$
				Bodily Injury by Disease POLICY LIMIT ..... \$

\*Fidelity Bond ..... \$50,000

DESCRIPTION OF OPERATIONS/LOCATIONS  
 VEHICLES/RESTRICTIONS/SPECIAL ITEMS

Effective Date of Certificate: 07-01-2002  
 Date Certificate Issued: 02-27-2003

Authorized Representative: DOM DIBLASE AGENCY  
 Countersigned at: 3401 BONITA BCH RD SUITE  
 101 BONITA SPRINGS FL