

1. REQUESTED MOTION

ACTION REQUESTED: Execute amendment to affordable housing contract with the Bonita Springs Housing Development Corporation (BSHDC) for minor changes in the scope of work and completion date.

WHY ACTION IS NECESSARY: Extends the contract completion due to delays in obtaining permits from the Lee County Health Department and increases the number of dwelling units to be produced from 8 to 9 in contract C-2389.

WHAT ACTION ACCOMPLISHES: Ensures the timely expenditure of funds and completion of this project.

2. DEPARTMENTAL CATEGORY: 04
COMMISSION DISTRICT #: CW

C4F

3. MEETING DATE:

09-30-2003

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

M 6/5/03

7. BACKGROUND:

On February 25, 2003, the Board of County Commissioners (Blue sheet 20030463) awarded \$210,000 in SHIP funds to the Bonita Springs Housing Development Corporation (BSHDC) (Contract 2389) for the construction of 8 single-family units by December 31, 2003. The income categories for the households that would buy the units were to be as follows: 2 very-low, 4 low and 2 moderate incomes.

Request to increase the total number of units produced In implementing the work scope for this contract, BSHDC staff used incorrect income limits to qualify some clients. To correct this situation BSHDC wishes to modify the contract to increase the total number of units produced from 8 to 9 and change the income categories of the households buying the homes as follows: 1 very-low, 7 low and 1 moderate income (this request decreases the number of very low units from 2 to 1, increases the number of low units from 4 to 7 and decreases the number of moderate units from 2 to 1) To avoid a similar type of mistake in the future BSHDC has implemented a cross check on the amount of subsidies used for each client. As a result future subsidies will not exceed the subsidy amounts allowed per income category.

Request for an extension of the contract The BSHDC is requesting an extension of the contract due to delays in obtaining permits from the Lee County Health Department.

Funds are received and maintained in accounts LB5540513801.508302/LB006. No additional SHIP dollars are required above those already granted.

8. MANAGEMENT RECOMMENDATIONS: Recommend approval

9. RECOMMENDED APPROVAL:

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services			G County Manager
Mam 6/5/03	[Signature] 9/16	N/A	N/A	[Signature] 9/16/03	OM 9/16/03	Risk 9/16/03	GC 9/16/03	[Signature]

10. COMMISSION ACTION:

- APPROVED
- DENIED
- DEFERRED
- OTHER

Rec. by CoAtty
Date: 9/16/03
Time: 11:10 am

Forwarded To:
Co. Admin

RECEIVED BY
COUNTY ADMIN: TD
9/16/03
12:30 pm
COUNTY ADMIN
FORWARDED TO:
[Signature]

AMENDMENT TO THE
AGREEMENT BETWEEN THE
LEE COUNTY BOARD OF COUNTY COMMISSIONERS
AND
Bonita Springs Area Housing Development Corporation (BSAHDC)

WITNESSETH:

WHEREAS, the referenced Parties to Contract No. C-2389 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: Construction of 9 ~~8~~ single family homes for 1 ~~2~~ very low, 7 ~~4~~ low, and 1 ~~2~~ moderate income home buyers. Construction of these homes shall be completed by June 1, 2004 ~~December 31, 2003~~.

The Parties hereby executed this Amendment on _____, 2003.

CHARLIE GREEN, CLERK

BOARD OF COUNTY COMMISSIONERS
LEE COUNTY, FLORIDA

BY _____
DEPUTY CLERK

BY: _____
CHAIRMAN

Witness (Signature)

BY: David E. McKee
Bonita Springs Area David E. McKee
Housing Development Corporation

Witness (Name, Address)

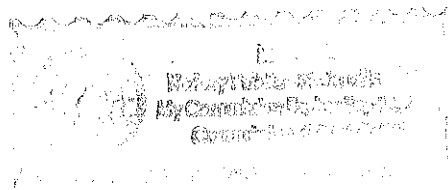
Title: President

FEIN#: 65-0276988

Witness (Signature)



Witness (Name, Address)



APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY

BY: _____
Lee County Attorney's Office

TRANSACTION REPORT

P.01/01

MAY-19-2003-MON 11:20 AM

FAX (TX)

#	DATE	START T.	RECEIVER	COM. TIME	PAGE	TYPE/NOTE	FILE
01	MAY-19	11:20AM	4798161	0:00:20	1	OK	SG3 1211

Mar-10-03 12:14 Dom DiBlase Agency

239 992 9202

P.02

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:

LEE COUNTY BOARD OF COUNTY
COMMISSIONERS
P O BOX 398
FL MYFRS, FL 33912

INSURED:

BONITA SPRINGS ARIA HOUSING
DEVELOPEMENT CORP
P O BOX 3189
BONITA SPRINGS, FL 34133

TYPE OF INSURANCE	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
<input checked="" type="checkbox"/> Liability and Medical Expense Personal and Advertising Injury	77-80-451272-3001 NATIONWIDE MUTUAL FIRE INSURANCE CO.	09-12-02	09-12-03	Any One Occurrence..... \$ 1,000,000 Included in Above Any One Person or Organization ANY ONE PERSON \$ 5,000 Any One Fire or Explosion \$ 50,000 General Aggregate* \$ 2,000,000 Prod/Comp Ops Aggregate* \$ 1,000,000
<input checked="" type="checkbox"/> Medical Expenses				
<input checked="" type="checkbox"/> Fire Legal Liability				
<input type="checkbox"/> Other Liability				
AUTOMOBILE LIABILITY				
<input type="checkbox"/> BUSINESS AUTO				Bodily Injury (Each Person) \$ (Each Accident) \$ Property Damage (Each Accident) \$ Combined Single Limit \$
<input type="checkbox"/> Owned				
<input type="checkbox"/> Hired				
<input type="checkbox"/> Non-Owned				
EXCESS LIABILITY				
<input type="checkbox"/> Umbrella Form				Each Occurrence \$ Prod/Comp Ops/Disease Aggregate* \$
STATUTORY LIMITS				
<input type="checkbox"/> Workers' Compensation and				BODILY INJURY/ACCIDENT ... \$ Bodily Injury by Disease EACH EMPLOYEE \$
<input type="checkbox"/> Employers' Liability				Bodily Injury by Disease POLICY LIMIT \$

Should any of the above described policies be cancelled before the expiration date, the insurance company will endeavor to mail written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability upon the company, its agents, or representatives.

DESCRIPTION OF OPERATIONS/LOCATIONS
VEHICLES/RESTRICTIONS/SPECIAL ITEMS
25000.DISHONESTY BOND INCLUDED
BOARD OF COMMISSIONERS AS ADDL
INSURORS AIMA

Effective Date of Certificate: 09-12-2002

Authorized Representative: DOM DIBLASE AGENCY
2401 BONITA BEACH RD. A101