

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

Blue Sheet No: 20041488

**1. REQUESTED MOTION**

**ACTION REQUESTED:** Authorize an extension, from December 31, 2004, to May 30, 2005, for Contract C-2733 between the Board of County Commissioners and the Bonita Springs Area Housing Development Corporation (BSHDC)

**WHY ACTION IS NECESSARY:** This contract extension is technical in nature and will allow for more time for BSHDC to complete its contractual obligations to the county.

**WHAT ACTION ACCOMPLISHES:** Extends the grant award agreement, allowing additional time for BSHDC to use SHIP funds to construct 4 single-family units for low-income households.

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

C4A

**3. MEETING DATE:**  
 11-30-2004

**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 11/05/04

**7. BACKGROUND:**

Bonita Springs Area Housing Development Corporation (BSHDC) is a non-profit housing provider providing affordable housing in South Lee County. The Board of County Commissioners approved \$120,000 in SHIP funds for the construction of 4 single-family units. The grant agreement expires on December 31, 2004. However, due to the delays in receiving necessary wetlands determinations and permits along with material and contractor shortages, BSHDC has requested an extension of its contract C-2733 to May 30, 2005.

Staff recommends that this amendment be granted and finds that: it is in compliance with the SHIP rules and regulations; it will ensure a timely completion of this project; and it fulfills the terms of the grant award agreement.

No additional SHIP dollars are required above those already granted.  
 Attachment: Proposed amendment to Contract C-2733.

**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
					OA	OM	Risk	GC	
<i>Mary Gibbs</i>	<i>[Signature]</i>	N/A	N/A	<i>[Signature]</i> 11/10/04	<i>[Signature]</i> 11/10/04	<i>[Signature]</i> 11/15	<i>[Signature]</i> 11-15-04	<i>[Signature]</i> 11/15/04	<i>[Signature]</i>

**10. COMMISSION ACTION:**

- APPROVED
- DENIED
- DEFERRED
- OTHER

Rec. by CoAtty  
 Date: 11/9/04  
 Time: 1:00  
 Forwarded To:  
 Co. Admin.  
 11/9/04

RECEIVED BY  
 COUNTY ADMIN: *TA*  
 11/10/04  
 1:30pm 2004  
 COUNTY ADMIN  
 FORWARDED TO: *[Signature]*  
 11-15-04  
*[Signature]*

AMENDMENT TO THE  
AGREEMENT BETWEEN THE  
LEE COUNTY BOARD OF COUNTY COMMISSIONERS  
AND  
BONITA SPRINGS AREA HOUSING DEVELOPMENT  
CORPORATION

WITNESSETH:

WHEREAS, the referenced Parties to Contract No. C-2733 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 4 single-family homes for 4 low-income homebuyers to be completed by May 30, 2005, ~~December 31, 2004~~.

The Parties hereby executed this Amendment on \_\_\_\_\_, 2004.

CHARLIE GREEN, CLERK

BOARD OF COUNTY COMMISSIONERS  
LEE COUNTY, FLORIDA

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

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

Aurelia Andracke  
Witness (Signature)

BY: David E. McPha  
Bonita Springs Area HDC

Aurelia Andracke  
Witness (Name, Address)  
27525 Pinecrest Ln.  
Bonita Springs, FL 34135

Title: President of the Board of Directors

FEIN#: 65-0276988

Mary E. Sarge  
Witness (Signature)

MARY E. Sarge  
Witness (Name, Address)  
9823 Colonial Walks  
ESTERO, FL 33928

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:

LEE COUNTY BOARD OF COMMISSIONERS  
 ADDITIONAL INSUREDS  
 P O BOX 398  
 FT MYERS, FL 33912

INSURED:

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

TYPE OF INSURANCE LIABILITY	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.	09-12-04	09-12-05	Any One Occurrence..... \$ 1,000,000 Included in Above - Any One Person or Organization ANY ONE PERSON ..... \$ 5,000
<input checked="" type="checkbox"/> Fire Legal Liability				Any One Fire or Explosion \$ 50,000
<input type="checkbox"/> Other Liability				General Aggregate* ..... \$ 2,000,000 Prod/Comp Ops Aggregate* ..... \$ 1,000,000
<b>AUTOMOBILE LIABILITY</b>				
<input type="checkbox"/> BUSINESS AUTO				Bodily Injury (Each Person) ..... \$ (Each Accident) ..... \$
<input type="checkbox"/> Owned				Property Damage (Each Accident) ..... \$
<input type="checkbox"/> Hired				Combined Single Limit ..... \$
<input type="checkbox"/> Non-Owned				
<b>EXCESS LIABILITY</b>				
<input type="checkbox"/> Umbrella Form				Each Occurrence ..... \$ Prod/Comp Ops/Disease Aggregate* ..... \$
<b>STATUTOR' LIMITS</b>				
<input type="checkbox"/> Workers' Compensation and Employers' Liability				BODILY INJURY/ACCIDENT ... \$ Bodily Injury by Disease EACH EMPLOYEE ..... \$ 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  
 \$250,000.DISHONESTY BOND INCLD

Effective Date of Certificate: 09-12-2004  
 Date Certificate Issued: 09-09-2004

Authorized Representative: DOM DIBLASE AGENCY  
 Countersigned at: 3401 BON TA BEACH RD.A101  
 BONITA SPRINGS,FL 34134