

1. REQUESTED MOTION

ACTION REQUESTED: Authorize an extension, from December 31, 2004, to May 30, 2005, for Contract C-2410 between the Board of County Commissioners and the Cape Coral Housing Rehabilitation and Development Corporation (CCHRDC)

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

WHAT ACTION ACCOMPLISHES: Extends the grant award agreement, allowing additional time for CCHRDC to use SHIP funds to present two (2) workshops in Lee County (outside the City of Cape Coral).

2. DEPARTMENTAL CATEGORY: 04
COMMISSION DISTRICT #: CW

C4D

3. MEETING DATE: 12-14-2004

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 11/23/04

7. BACKGROUND:

Cape Coral Housing Rehabilitation and Development Corporation (CCHRDC) is a non-profit housing provider providing affordable housing in Lee County. The Board of County Commissioners approved \$1,000 in SHIP funds for presentation of two (2) workshops in Lee County (outside the City of Cape Coral). These counseling workshops will deal with predatory lending, equity building and maintenance with a focus on asset preservation and wealth building. The grant agreement expires on December 31, 2004. However, due to the delays caused by recent hurricanes, CCHRDC has requested an extension of its contract C-2410 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-2410.

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>Mary Gibbs</i>	<i>[Signature]</i> 11/23	N/A	N/A	<i>[Signature]</i> 11/29/04	OA <i>[Signature]</i> 11/29/04	OM <i>[Signature]</i> 11/29/04	Risk <i>[Signature]</i> 11/29/04	GC <i>[Signature]</i> 11/29/04	HS 11/30/04

10. COMMISSION ACTION:

- APPROVED
- DENIED
- DEFERRED
- OTHER

Rec. by CoAtty
Date: 11/23/04
Time: 2:05
Forwarded To:
Co. [Signature]
11/29/04

RECEIVED BY
COUNTY ADMIN:
11/29/04
11:35 AM
COUNTY ADMIN
FORWARDED TO: [Signature] TD
11-30-04
[Signature]

AMENDMENT TO THE
AGREEMENT BETWEEN THE
LEE COUNTY BOARD OF COUNTY COMMISSIONERS
AND
CAPE CORAL HOUSING REHABILITATION AND
DEVELOPMENT CORPORATION (CCHRDC)

WITNESSETH:

WHEREAS, the referenced Parties to Contract No. C-2410 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:
 - To fund 2 workshops in Lee County (outside the City of Cape Coral). These counseling workshops will deal with predatory lending, equity building, and maintenance. Focus on asset preservation and wealth building – education after the purchase is the major goal to be completed by ~~December 31, 2004~~ **June 30, 2005**.

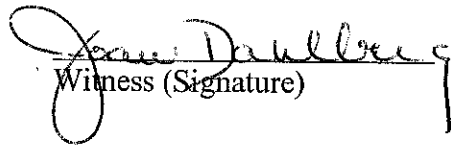
The Parties hereby executed this Amendment on _____, 2004.

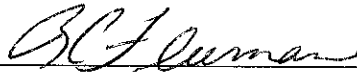
CHARLIE GREEN, CLERK

BOARD OF COUNTY COMMISSIONERS
LEE COUNTY, FLORIDA

BY _____
DEPUTY CLERK

BY: _____
CHAIRMAN

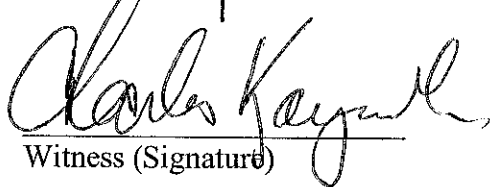

Witness (Signature)

BY: 
Cape Coral Housing Rehabilitation
and Development Corporation

Joan Dahlberg
Witness (Name, Address)
9114 Palm Island Circle
N Fort Myers, FL 33903

Title: Executive Director

FEIN#: 65-0573570


Witness (Signature)

CHARLES KARPINSKI
Witness (Name, Address)
522 SE 21ST
CAPE CORAL FL 33990

APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY

BY: _____
Lee County Attorney's Office

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR LT
CAPE-15

DATE (MM/DD/YYYY)
10/18/04

PRODUCER
Bouchard-Fort Myers
6338 Presidential CT STE 202
Fort Myers FL 33919
Phone: 239-489-3232 Fax: 239-489-1084

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Cape Coral Housing & Rehab
1430 SE 16th palca
Cape Coral FL 33990

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: OLD REPUBLIC GROUP	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADDL LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$								
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													
A		Blanket Fidelity	OCP517602	03/12/04	03/12/05	\$50,000								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS


CERTIFICATE HOLDER

LEE COUNTY DEVELOPEMENT SERVICES
ATTN: CONTRACT LICENCING
P O BOX 398
FT MYERS FL 33902

LEECOUN

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **10** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE


AMENDMENT TO THE
AGREEMENT BETWEEN THE
LEE COUNTY BOARD OF COUNTY COMMISSIONERS
AND
CAPE CORAL HOUSING REHABILITATION AND
DEVELOPMENT CORPORATION (CCHRDC)

WITNESSETH:

WHEREAS, the referenced Parties to Contract No. C-2410 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:
 - To fund 2 workshops in Lee County (outside the City of Cape Coral). These counseling workshops will deal with predatory lending, equity building, and maintenance. Focus on asset preservation and wealth building – education after the purchase is the major goal to be completed by ~~December 31, 2004~~ **June 30, 2005**.

The Parties hereby executed this Amendment on _____, 2004.

CHARLIE GREEN, CLERK

BOARD OF COUNTY COMMISSIONERS
LEE COUNTY, FLORIDA

BY _____
DEPUTY CLERK

BY: _____
CHAIRMAN

Joan Dahlberg
Witness (Signature)

BY: BC Fleeman
Cape Coral Housing Rehabilitation
and Development Corporation

Joan Dahlberg
Joan Dahlberg
Witness (Name, Address)
4114 Palm Island Circle
N. Fort Myers, FL 33903

Title: Executive Director

FEIN#: 65-0573570

Charles Karpinski
Witness (Signature)

Charles Karpinski
Witness (Name, Address)
572 SE 22nd St.
Cape Coral FL 33950

APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY

BY: _____
Lee County Attorney's Office

ACORD CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YY)
10/15/2004

PRODUCER RICHARD D BARTON & ASSOC., INC 447 Cape Coral Parkway Cape Coral, FL 33904	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. COMPANIES AFFORDING COVERAGE COMPANY A Evanston Insurance Company COMPANY B COMPANY C COMPANY D
INSURED Cape Coral Housing Rehab & Develop Corp 1430 Se 16th Place Unit B Cape Coral, FL 33990	

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT	CL090200357	3/18/2004	3/18/2005	GENERAL AGGREGATE \$ \$1,000,000.
					PRODUCTS - COMPAG AG \$ \$1,000,000.
					PERSONAL & ADV INJURY \$ \$1,000,000.
					EACH OCCURRENCE \$ \$1,000,000.
					FIRE DAMAGE (Any one fire) \$ \$50,000.
					MED EXP (Any one person) \$ \$1,000.
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ EXCLUDED BODILY INJURY (Per person) \$ EXCLUDED BODILY INJURY (Per accident) \$ EXCLUDED PROPERTY DAMAGE \$ EXCLUDED
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ EXCLUDED OTHER THAN AUTO ONLY: EACH ACCIDENT \$ EXCLUDED AGGREGATE \$ EXCLUDED
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ EXCLUDED AGGREGATE \$ EXCLUDED \$ EXCLUDED
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETARY PARTNER/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS \$ EXCLUDED EL EACH ACCIDENT \$ EXCLUDED EL DISEASE - POLICY LIMIT \$ EXCLUDED EL DISEASE - EA EMPLOYEE \$ EXCLUDED
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER Lee County Department of Community Development P.O. Box 398 Fort Myers, FL 33902-	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Richard F. Full</i>
--	---