

Agenda Item Summary

**1. ACTION REQUESTED/PURPOSE:** 1) Approve amendments to C-2610 between BoCC and Habitat for Humanity of Lee County, Inc. to reduce the number of units to be rehabilitated from 4 to 1, reduce the contract amount from \$45,500 to \$35,000 and extend contract deadline, from December 31, 2005, to May 30, 2006.

**2. WHAT ACTION ACCOMPLISHES:** Amends SHIP funded contract C-2610 to allow Habitat for Humanity to complete its project.

**3. MANAGEMENT RECOMMENDATION:** Approve

**4. Departmental Category:** 4 **CYC** **5. Meeting Date:** 10-18-2005

<b>6. Agenda:</b>	<input checked="" type="checkbox"/> Consent	<b>7. Requirement/Purpose:</b> (specify)	<input type="checkbox"/> Statute	<b>8. Request Initiated:</b>
	<input type="checkbox"/> Administrative		<input type="checkbox"/> Ordinance	
	<input type="checkbox"/> Appeals		<input type="checkbox"/> Admin. Code	
	<input type="checkbox"/> Public		<input checked="" type="checkbox"/> Other	
	<input type="checkbox"/> Walk-On			
		Commissioner: N/A Department: Community Development Division: Planning By: Paul O'Connor, AICP, Planning Director POC 10/6/05		

**9. Background:** Habitat for Humanity of Lee County Inc. is a non-profit housing provider that constructs and repairs affordable housing in Lee County.

Habitat for Humanity requests to have their SHIP contract C-2610 amended as follows:

- Change the project scope reducing the number of houses to be rehabilitated from 4 to 1
- Reduce the contract amount from \$45,500 to \$35,000
- Extend contract deadline from December 31, 2005, to May 30, 2006.

The two reasons for the request are: 1) Habitat for Humanity has experienced some delay in housing production as a result of material and worker shortages following the various hurricanes. 2) Initially 4 houses were to be slightly rehabilitated to make them barrier free. However, because one of the houses must undergo major rehabilitation to make it accessible, Habitat is requesting changing the project scope to allow for the barrier free rehabilitation of 1 single-family unit for 1 very-low income homeowner. The contract amount would be reduced to the maximum allowed under the SHIP program guidelines to serve a very low-income household-\$35,000.

Staff recommends approval of this request.

This recommendation is in compliance with SHIP rules and Regulations.

No additional SHIP funds are required for this contract reduction.

Attachment: Proposed Amendment to C-2610

**10. Review for Scheduling:**

Department Director	Purchasing or Contracts	Human Resources	Other	County Attorney	Budget Services				County Manager/P.W. Director
					Analyst	Risk	Grants	Mgr.	
Mam Gibb	[Signature]	N/A		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]

**11. Commission Action:**

- Approved
- Deferred
- Denied
- Other

RECEIVED BY COUNTY ADMIN: 10/7/05 8AM  
COUNTY ADMIN FORWARDED TO: 11:30 10/7

Rec. by CoAtty  
Date: 10/6/05  
Time: 4:30pm  
Forwarded To: 10/6/05

AMENDMENT TO THE  
AGREEMENT BETWEEN THE  
LEE COUNTY BOARD OF COUNTY COMMISSIONERS  
AND  
HABITAT FOR HUMANITY OF LEE COUNTY, INC. (HH)

WITNESSETH:

WHEREAS, the referenced Parties to Contract No. C-2610 desire to amend the Contract pursuant to its Section I.A and I.B.

NOW, THEREFORE IN CONSIDERATION OF THE MUTUAL PROMISES STATED HEREIN, the referenced contract Section I.A and I.B. 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: Barrier free rehabilitation of ~~4 single family homes for 4 very low income home owners.~~ 1 single family home for 1 very-low income home owner. Barrier free rehabilitation of this home shall be completed by ~~December 31, 2005.~~ May 30, 2006.
- b. The amount of funds awarded under this grant is ~~\$45,500.00.~~ \$35,000.00 The Grantor is not obligated or authorized to award any funds in addition to this amount.

The Parties hereby executed this Amendment on \_\_\_\_\_, 2005.

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CHARLIE GREEN, CLERK

BOARD OF COUNTY COMMISSIONERS  
LEE COUNTY, FLORIDA

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

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

Gladys Schneider  
Witness (Signature)

BY: [Signature]  
Habitat for Humanity of Lee County, Inc.

Gladys Schneider  
Witness (Name, Address)  
1288 N. Tamiami Trl  
N. Ft. Myers, FL  
33403

Title: President/CEO

FEIN#: 59-2236174

[Signature]  
Witness (Signature)

Michael Mansfield  
Witness (Name, Address)  
1288 N. Tamiami Trl  
N. Ft. Myers, FL 33403

APPROVED AS TO FORM  
OFFICE OF COUNTY ATTORNEY

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

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BOARD OF COUNTY COMMISSIONERS  
LEE COUNTY, FLORIDA

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

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

Gladys Schneider  
Witness (Signature)

BY: V. E. P. [Signature]  
Habitat for Humanity of Lee County, Inc.

Gladys Schneider  
Witness (Name, Address)  
1288 N. Tamiami Trl.  
N. Ft. Myers, FL  
33903

Title: President / CEO

FEIN#: 59-2236174

[Signature]  
Witness (Signature)

Michael Mansfield  
Witness (Name, Address)  
1288 N. Tamiami Trl  
N. Ft. Myers, FL  
33903

APPROVED AS TO FORM  
OFFICE OF COUNTY ATTORNEY

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

# CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

10/03/05

**PRODUCER**  
 Acordia  
 7 Giralda Farms  
 2nd Floor  
 Madison, NJ 07940

800-824-9245

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** FEDERAL INSURANCE CO.
- COMPANY  
**B**
- COMPANY  
**C**
- COMPANY  
**D**

**INSURED**  
 HABITAT FOR HUMANITY  
 OF LEE COUNTY, INC.  
 1288 N. TAMiami TRAIL  
 N. FORT MEYERS, FL 33908

### COVERAGES

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 EFF. DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	35781707	4/01/05	4/01/05	GENERAL AGGREGATE	2000000
	<input checked="" type="checkbox"/> COMM. GENERAL LIABILITY				PROD-COMP/OP AGG.	2000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERS. & ADV. INJURY	1000000
	OWNER'S & CONTRACT'S PROT				EACH OCCURRENCE	1000000
	<input checked="" type="checkbox"/> Hired & Non-Owned Liab.				FIRE DAMAGE(One Fire)	included
					MED EXP(Any one person)	0
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT	
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	
					AGGREGATE	
	EXCESS LIABILITY				EACH OCCURRENCE	
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:				EACH ACCIDENT	
	<input type="checkbox"/> INCL				DISEASE-POLICY LIMIT	
	<input type="checkbox"/> EXCL				DISEASE-EACH EMPL.	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
 CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED AS THEIR INTERESTS  
 MAY APPEAR WITH REGARDS TO THE SHIP PROGRAM.

### CERTIFICATE HOLDER

LEE COUNTY BOARD OF COUNTY  
 COMMISSIONERS  
 P.O. BOX 398  
 FORT MEYERS, FL 33902

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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

**ACORD CERTIFICATE OF LIABILITY INSURANCE**

09/30/2005

PRODUCER (239)337-2221 FAX (239)337-4934  
 Lott & Gaylor, Inc.  
 2120 W. First St.  
 Fort Myers, FL 33901  
 Bemis, Dawn

INSURED Habitat For Humanity of Lee County, Inc.  
 1288 North Tamiami Trail  
 North Fort Myers, FL 33903

652-0386

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Western Surety	13188
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 ADD'L TR / NSAD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L 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 \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: BA ACC \$ AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>OTHER</b> <b>EMPLOYEE DISHONESTY BOND</b>	18240424	11/28/2004	11/28/2005	\$ 10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 SHIP Program - Gloria Sajjo

<b>CERTIFICATE HOLDER</b>  Lee County Board of County Commissioners P.O. Box 398 Fort Myers, FL 33902	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Phil Gaylor <i>Phillip M. Gaylor</i>
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