

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

Blue Sheet No. 20051767

1. ACTION REQUESTED/PURPOSE:

Approve Interlocal Agreement between Lee County and the Florida Department of Health providing for the renovation of the Lee County Health Department at Pondella. Approve budget transfer from capital improvement reserves in the amount of \$1,081,365 & amend FY 05-06/09-10 CIP accordingly.

2. WHAT ACTION ACCOMPLISHES:

Provides for cooperative funding and project management in order to renovate/rebuild the Health Department facility on Pondella Road.

3. MANAGEMENT RECOMMENDATION: Approve.

4. Departmental Category: 2

C2A

5. Meeting Date:

01-10-2006

6. Agenda:

- Consent
- Administrative
- Appeals
- Public
- Walk-On

7. Requirement/Purpose: (specify)

- Statute
- Ordinance
- Admin. Code
- Other

8. Request Initiated:

Commissioner _____
 Department Construction and Design
 Division _____
 By: Jim Lavender

9. Background:

The Pondella facility is an aging former grocery store. The building requires reconstruction. The Lee County Human Services Department has vacated the building, providing the Health Department additional space to accommodate increased demand for services. The County has agreed to contribute \$3.075 million and the State \$2.0 million toward the project. The County will provide the site and the State will assume all maintenance responsibility. The State will provide project management with assistance from the County.

Funds will be made available in account 20864730100.506540.

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.	
<i>J. Lavender</i> 12-7-05				<i>[Signature]</i> 12/9/05	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>J. Lavender</i> 12-7-05

11. Commission Action:

- Approved
- Deferred
- Denied
- Other

RECEIVED BY
 COUNTY ADMIN
 12/10/05
 COUNTY ADMIN
 FORWARDED TO:
 12-8-05
 4:30:00

Rec. by CoAtty
 Date: 12-7-05
 Time: 3:45 PM
 Forwarded To:
 Budget
 12/10/05 4:00 PM

REQUEST FOR TRANSFER OF FUNDS

FUND NAME: Cap Improvement Fund DATE: 12-8-05 BATCH NO.: _____

FISCAL YEAR: 05-06 FUND NO.: 30100 DOC. TYPE: YB LEDGER TYPE: BA

TO: Capital Projects Capital Projects
 (Division Name) (Program Name)

NOTE: Please list the account number below in the following order:
 Business Unit (dept/div, program, fund, subfund); Object Account; Subsidiary; Subledger
 (Example: BB 5120100100.503450)

<u>Account Number</u>	<u>Object Name</u>	<u>DEBIT</u>
20864730100.506540	Improvements Construction	\$ 1,081,365

TOTAL TO: \$ 1,081,365

FROM: Non-Deptmental Reserves
 (Division Name) (Program Name)

<u>Account Number</u>	<u>Object Name</u>	<u>CREDIT</u>
GC5890130100.509930	Reserves for Future Capital	\$ 1,081,365

TOTAL FROM: \$ 1,081,365

EXPLANATION: To provide funding for the Health Department Clinic project.
 B/S 20051767

 DIVISION DIRECTOR SIGNATURE/DATE

 DEPARTMENT HEAD SIGNATURE/DATE

DBO: APPROVAL DENIAL

Emma K. Wolf 12/8/05
 OPS. ANALYST SIGNATURE DATE

OPS. MGR.: APPROVAL DENIAL

She Lang 12/8/05
 OPS. MGR. SIGNATURE DATE

CO. MGR.: APPROVAL DENIAL

Pat Water 12-8-05
 CO. MANAGER SIGNATURE DATE

BCC APPROVAL DATE _____

 BCC CHAIRWOMAN SIGNATURE

BA. NO. _____ AUTH CODE _____ TRANS DATE _____