

Agenda Item Summary

1. ACTION REQUESTED/PURPOSE: Authorize reimbursement costs to Covanta Lee, Inc. for repair work required due to damages to the waste to energy facility caused by Hurricane Wilma. Estimated total cost for the County is approximately \$630,000. Authorize transfer from reserves in the amount of \$630,000.

2. WHAT ACTION ACCOMPLISHES: Allows roof, siding, and associated repair work to be performed at the WTE in a timely manner and on a competitively bid basis.

3. MANAGEMENT RECOMMENDATION: Staff recommends approval of the proposed motion.

4. Departmental Category: 8 **CBD** **5. Meeting Date:** 02-07-2006

6. Agenda: <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Administrative <input type="checkbox"/> Appeals <input type="checkbox"/> Public <input type="checkbox"/> Walk-On	7. Requirement/Purpose: (specify)		8. Request Initiated: Commissioner _____ Department Public Works Division Solid Waste By: <u>Lindsey J. Sampson</u>
	<input type="checkbox"/> Statute	_____	
	<input type="checkbox"/> Ordinance	_____	
	<input type="checkbox"/> Admin. Code	_____	
	<input checked="" type="checkbox"/> Other	_____	

9. Background:

Hurricane Wilma caused extensive damage to the single-ply roofing and roof insulation board on various portions of the waste to energy facility. Covanta has received competitive quotes from several contractors to repair and replace damaged materials. The damage also includes certain items such as lightning protection, flashing, roll up door, roof fans, weather station and building siding panels.

Section 8.01 of the Operations and Maintenance Service Agreement between Lee County and Covanta provides that the Contractor will be responsible for the design and construction of any capital project required by or resulting from an Uncontrollable Circumstance (such as Hurricane Wilma).

Covanta has obtained competitive bids for the work required.

The County will attempt to recover up to 87.5% of expenditures from FEMA and the State from Hurricane Wilma reimbursement programs.

Upon transfer of reserves funds will be available in:
OB5340840100.503490 Solid Waste System – Ops – Solid Waste Disposal Facilities – Other contracted services

Subledger EM001E *PR*

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>1-24-06</i>	<i>N.A.</i>	<i>N.A.</i>			<i>1/25/06</i>	<i>1/25/06</i>	<i>1/25/06</i>	<i>1/26/06</i>	<i>1-24-06</i>

11. Commission Action:

- Approved
- Deferred
- Denied
- Other

RECEIVED BY COUNTY ADMIN: <i>MM</i>
1-24-06
1:05
COUNTY ADMIN FORWARDED TO: <i>PR</i>
1-26-06
4:35 PM

Rec. by CoAtty
Date: <i>1/24/06</i>
Time: <i>10:40 AM</i>
Forwarded To: <i>Co. Admin</i> <i>1/24 11:15 AM</i>

REQUEST FOR TRANSFER OF FUNDS

FUND NAME: Solid Waste **DATE:** 01/26/06 **BATCH NO.** _____

FISCAL YEAR: FY 05/06 **FUND #:** 40100 **DOC TYPE:** YB **LEDGER TYPE:** BA

TO: Solid Waste Disposal Facilities
(DIVISION NAME) **(PROGRAM NAME)**

NOTE: PLEASE LIST THE ACCOUNT NUMBER BELOW IN THE FOLLOWING ORDER:
 FUND #-DEPT/DIV #-PROGRAM #-OBJECT CODE #-SUBFUND #-PROJECT#-COST CENTER #.
 (EXAMPLE: BB5120100100.503450)

ACCOUNT NUMBER	OBJECT NAME	DEBIT
OB5340840100.503490 (Subledger EM001E)	Other Contracted Services	630,000
	TOTAL TO:	\$ 630,000

FROM: Non-Dept. Solid Waste Operating Reserves
(DIVISION NAME) **(PROGRAM NAME)**

ACCOUNT NUMBER	OBJECT NAME	CREDIT
GC5890140100.509910	Reserve for Contingencies	\$ 630,000
	TOTAL FROM:	\$ 630,000

EXPLANATION: As per bluesheet #BS20060072 dated 02/06/06.

DIVISION DIRECTOR SIGNATURE	DATE
DBS: APPROVAL <input checked="" type="checkbox"/> DENIAL _____	
APPROVAL <input checked="" type="checkbox"/> DENIAL _____	
CO. ADMIN.: APPROVAL _____ DENIAL _____	

DEPARTMENT DIRECTOR SIGNATURE	DATE
<i>Pat Miller</i>	1/26/06
OPERATIONS ANALYST SIGNATURE	DATE
<i>John Jones</i>	1/26/06
BUDGET OPERATIONS MANAGER SIGNATURE	DATE

BCC APPROVAL DATE _____

CO. ADMIN. SIGNATURE _____ DATE _____

BCC CHAIRMAN SIGNATURE _____

BA NO: _____ AUTH CODE: _____ TRANS DATE: _____