

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

**Blue Sheet No. 20070287**

**1. ACTION REQUESTED/PURPOSE:**

Execute Amendment No. 4 to the Florida Department of Environmental Protection (DEP) agreement 01LE1, which stipulates the reimbursement criteria from the State for work conducted on the Bonita Beach Nourishment Project. No additional funding is required.

**2. FUNDING SOURCE:**

No additional funding is required.

**3. WHAT ACTION ACCOMPLISHES:**

Executing Amendment No. 4 reallocates existing design, permitting, and construction funds to project monitoring. Board approval is required for all amendments to this agreement.

**4. MANAGEMENT RECOMMENDATION: Approve**

**5. Departmental Category:**

*C8C*

**6. Meeting Date:**

MAR 13 2007

**7. Agenda:**

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

**8. Requirement/Purpose: (specify)**

- Statute
- Ordinance
- Admin. Code
- Other

**9. Request Initiated:**

Commissioner \_\_\_\_\_  
 Department Public Works  
 Division Natural Resources  
 By: *[Signature]*  
**Roland Ottolini, Director**

**10. Background:**

On April 24, 2001 the Board executed DEP Project Agreement 01LE1 to provide design phase funding for the Bonita Beach Nourishment project. Amendments 1 through 3 have since been executed to increase the project scope for impacts of Tropical Storm Gabrielle and monitoring requirements. Construction of the project was completed in July 2004.

Amendment 4 would reallocate all unencumbered funds to project monitoring. The requirements are stipulated by the State and Federal permits authorizing the work and are required for a minimum of 5 years post construction. Monitoring includes aerial photography, bathymetric surveys, turtle and compaction monitoring in addition to documenting shoreline changes.

DEP cost sharing participation is 33.9%, with the balance to be shared by Lee County (36.8%) and the City of Bonita Springs (29.3%).

Attachments: DEP Project Agreement 01LE1; Amendment 4 (3 Originals)

**11. Review for Scheduling:**

Department Director	Purchasing or Contracts	Human Resources	Other	County Attorney	Budget Services				County Manager/P.W. Director
					Analyst	Risk	Grants	Mgn	
<i>Jamille</i> 2/20/07	<i>NTAC</i> 2/20/07			<i>[Signature]</i> 2/20/07	<i>[Signature]</i> 2/22/07	<i>[Signature]</i> 2/22/07	<i>[Signature]</i> 2/22/07	<i>[Signature]</i> 2/22/07	<i>Jamille</i> 2/20/07

**12. Commission Action:**

- Approved
- Deferred
- Denied
- Other

RECEIVED BY COUNTY ADMIN: *[Signature]*  
 2/21/07 3:35 PM  
 COUNTY ADMIN FORWARDED TO: *[Signature]*  
 2/22/07  
 1:24 PM

Rec. by CoAtty  
 Date: *2/21/07*  
 Time: *3:55 PM*  
 Forwarded To:  
 2/21/07  
 1:00 PM

**AMENDMENT No: 4**  
**DEP AGREEMENT No: 01LE1**  
 FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 BUREAU OF BEACHES AND COASTAL SYSTEMS  
 BEACH MANAGEMENT FUNDING ASSISTANCE PROGRAM  
 STATE OF FLORIDA  
**AMENDMENT TO GRANT AGREEMENT FOR**  
**Bonita Beach Nourishment Project**

**THIS AGREEMENT** as entered into on the 4<sup>th</sup> day of May, 2001, and amended on the 7<sup>th</sup> day of December, 2001, on the 24<sup>th</sup> day of June, 2003, and on the 16<sup>th</sup> day of August, 2005, between the FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION (hereinafter referred to as the "DEPARTMENT") and LEE COUNTY, a local government, (hereinafter referred to as the "LOCAL SPONSOR") is hereby amended as follows:

- Paragraphs 5 and 10 are hereby revised to read as follows:
5. The DEPARTMENT and the LOCAL SPONSOR agree that the estimated costs of the PROJECT are identified in Table 1 below:

Task #	Eligible PROJECT Items	Estimated Project Costs			
		Federal	State	Local	Total
1.0	Design and Permitting	\$0	\$134,918	\$263,012	\$397,930
2.0	Construction	\$0	\$599,795	\$1,169,250	\$1,769,045
3.0	Monitoring	\$0	\$134,011	\$261,244	\$395,255
	<b>TOTAL PROJECT COSTS</b>	<b>\$0</b>	<b>\$868,724</b>	<b>\$1,693,506</b>	<b>\$2,562,230</b>

10. As consideration for the eligible work performed by the LOCAL SPONSOR under the terms of this Agreement, the DEPARTMENT shall pay the LOCAL SPONSOR as specified herein. For satisfactory performance, the DEPARTMENT agrees to compensate the LOCAL SPONSOR on a cost reimbursement basis for services rendered. All requests for reimbursement shall be made in accordance with Attachment B (Contract Payment Requirements), attached hereto and made a part hereof, and State guidelines for allowable costs found in the Department of Financial Services' Reference Guide for State Expenditures at <http://www.fldfs.com/aadir/reference%5Fguide>. The LOCAL SPONSOR shall submit a request for reimbursement of funds on the forms provided as Attachment C-3 (Request For Payment, PARTS I – III), attached hereto and made a part hereof. These forms may be submitted on a quarterly basis. The term "quarterly" shall reflect the calendar quarters ending March 31, June 30, September 30, and December 31; the request shall be submitted no later than thirty (30) days following the completion date of the quarterly reporting period, of each year in which the project is underway. These forms shall be certified as accurate by the LOCAL SPONSOR'S Project Manager and the LOCAL SPONSOR'S Project Financial Officer and submitted to the DEPARTMENT as a payment request. All requests for the reimbursement of travel expenses shall be based on the travel limits established in Section 112.061, Florida Statutes. A final invoice shall be due no later than thirty (30) days following the completion date of this Agreement. The DEPARTMENT will not release funds for payment until such time as all requisite authorizations and environmental permits, including those required pursuant to Chapters 161, 253, 258 and 373, Florida Statutes, have been obtained. In such cases where no reimbursement is sought for a given quarter, all applicable portions of Part III Project Progress Report must be completed and submitted.
- All references to Attachment C-2 are hereby deleted and replaced with references to Attachment C-3.
  - Attachment C-2 is hereby deleted in its entirety.
  - Attachment C-3 as attached hereto is hereby added to the Agreement.

In all other respects, the Agreement, of which this is an Amendment, and attachments relative thereto, shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have caused these presents to be duly executed, the day and year last written below.

LEE COUNTY

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

By: \_\_\_\_\_  
Title: \*Commission Chair

By: Michelle R. Bant  
Secretary or designee

Date: \_\_\_\_\_

Date: 12/12/06

FEID No. 59-60000702

Dena Vanhardengh  
DEP Grant Program Administrator

APPROVED as to form and legality:

BR Apple  
DEP Attorney

\*If someone other than the Commission Chair, signs this Agreement, a resolution, statement or other documentation authorizing that person to sign the Agreement on behalf of the County/City must accompany the agreement.

List of Attachments/Exhibits included as part of this Agreement:

Specify Type	Letter/ Number	Description (include number of pages)
Attachment	C-3	Request For Payment (3 pages)

**ATTACHMENT C-3**

**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BEACH MANAGEMENT FUNDING ASSISTANCE PROGRAM  
REQUEST FOR PAYMENT – PART I**

**PAYMENT SUMMARY**

Name of Project: BONITA BEACH NOURISHMENT PROJECT

Grantee: LEE COUNTY

DEP Contract Number: 01LE1

Billing Number: \_\_\_\_\_

Billing Period: \_\_\_\_\_

Billing Type:  Interim Billing  Final Billing

**Costs Incurred This Payment Request:**

Federal Share*	State Share	Local Share	Total
\$ _____ *if applicable	\$ _____	\$ _____	\$ _____

**Cost Summary:**

State Funds Obligated	\$ _____	Local Funds Obligated	\$ _____
Less Advance Pay	\$ _____	Less Advance Pay	\$ _____
Less Previous Payment	\$ _____	Less Previous Credits	\$ _____
Less Previous Retained	\$ _____		
Less This Payment	\$ _____	Less This Credit	\$ _____
Less This Retainage (10%)	\$ _____	Local Funds Remaining	\$ _____
State Funds Remaining	\$ _____		

Certification: I certify that this billing is correct and is based upon actual obligations of record by the grantee; that payment from the State Government has not been received; that the work and/or services are in accordance with the Department of Environmental Protection, Bureau of Beaches and Coastal Systems approved Project Agreement including any amendments thereto; and that progress of the work and/or services are satisfactory and are consistent with the amount billed.

\_\_\_\_\_  
Name of Project Administrator

\_\_\_\_\_  
Signature of Project Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Project Financial Officer

\_\_\_\_\_  
Signature of Project Financial Officer

\_\_\_\_\_  
Date

**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 BEACH MANAGEMENT FUNDING ASSISTANCE PROGRAM  
 REQUEST FOR PAYMENT – PART II**

**REIMBURSEMENT DETAIL**

<b>Name of Project:</b> _____					<b>Billing#</b>	<b>Billing Period:</b>	<b>DEP CONTRACT NUMBER</b>		<b>Invoice Adjustments (To be completed by DEP: Reasons for changes noted below)</b>		
<b>Grantee:</b> _____											
Item #	Date OF INVOICE	Invoice #	Amount Paid Vendor (1)	Eligible Project Item (2)	SOW/BID # (3)	Vendor Name	Check or Debit#	Total Amount Eligible for State Share (4)	Changes per BBCS Project Manager (5,6)	Changes per BBCS Accountant (5,6)	Approved Eligible Cost (5)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
<b>Totals for all items on page:</b>											
<b>Item #</b>	<b>Notes and invoice adjustment explanations per item # (5)</b>										
<b>Certification: I certify that the purchases noted above were used in accomplishing the project; and that invoices, check vouchers, copies of checks, and other purchasing documentation are maintained as required to support the cost reported above and are available for audit upon request.</b>											
Name/Signature of Project Administrator						Date					
Name/Signature of Project Financial Officer						Date					
<b>Form Instructions:</b>											
(1) Grantee: enter exact amount of check or debit.											
(2) Grantee: enter the subtask ID# from the Eligible Project Item table of the DEP Grant.											
(3) Scopes of work and bids that have been approved for DEP cost share may be assigned a tracking identifier number. Grantee: Insert this tracking number when applicable.											
(4) Grantee: insert only the amount of vender payment that is assumed to be eligible for DEP cost share.											
(5) Grantee: DEP Project Managers and accountants will make necessary corrections or adjustments within the terms of the contract and in accordance with state rule.											
(6) DEP staff: Enter the total amount of line item increase or decrease: if the adjustment is a decrease, precede the amount with the "-" (minus) sign.											

**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BEACH MANAGEMENT FUNDING ASSISTANCE PROGRAM**

**REQUEST FOR PAYMENT - PART III  
PROJECT PROGRESS REPORT**

Name of Project: BONITA BEACH NOURISHMENT PROJECT

Grantee: LEE COUNTY

DEP Agreement Number: 01LE1

Report Period: \_\_\_\_\_

Status of Eligible Project Items: (Describe progress accomplished during report period, including statement(s) regarding percent of task completed to date. Describe any implementation problems encountered, if applicable.)

Task No:	Eligible Project Item:
-------------	---------------------------

1.0	DESIGN AND PERMITTING
-----	-----------------------

---

---

---

2.0	CONSTRUCTION
-----	--------------

---

---

---

3.0	MONITORING
-----	------------

---

---

---