

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

Blue Sheet No. 20070745

1. ACTION REQUESTED/PURPOSE: Execute Amendment No. 2 to DEP Agreement 05LE1 with the Florida Department of Environmental Protection (FDEP) for the Blind Pass Restoration project.

2. FUNDING SOURCE: N/A

3. WHAT ACTION ACCOMPLISHES: The amendment revises the contract expiration to April 30, 2008.

4. MANAGEMENT RECOMMENDATION: Approve

5. Departmental Category: 08 Natural Resources

CSA

6. Meeting Date: MAY 29 2007

7. Agenda:
 Consent
 Administrative
 Appeals
 Public
 Walk-On

8. Requirement/Purpose: (specify)
 Statute
 Ordinance
 Admin. Code
 Other Grant Agreement

9. Request Initiated:
Commissioner _____
Department Public Works
Division Natural Resources
By: Roland Ottolini

[Signature]

10. Background: On September 6, 2005, the Board of County Commissioners approved FDEP Agreement No. 05LE1, Blind Pass Ecozone Restoration Project. The scope of the grant agreement includes design and permitting for reopening Blind Pass. Estimated project costs were \$227,227 with the State participation of \$70,554 and local cost share of \$156,673. Local cost share includes Lee County and the Captiva Erosion Prevention District. Amendment No. 1 to the agreement, approved by the Board on June 13, 2006, increased the total cost of the design to \$234,145 and extended the agreement to May 30, 2007. State share increased to \$72,702 with local participation of \$161,443. Amendment No. 2 extends the contract to May 30, 2008 to more accurately depict project timeline and revised the State's project manager

There are no financial implications with the approval of this amendment.

11. 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>[Signature]</i> 5-14-07				<i>[Signature]</i> 5/16/07	<i>[Signature]</i> 5/16/07	<i>[Signature]</i> 5/16/07	<i>[Signature]</i> 5/16/07	<i>[Signature]</i> 5-14-07	

12. Commission Action:

- Approved
- Deferred
- Denied
- Other

RECEIVED BY
 COUNTY ADMIN: *[Signature]*
 5/15 11:45
 15 MP
 COUNTY ADMIN
 FORWARDED TO:
 5/17/07
 3012

Rec. by CoAtty
 Date: 5/16/07
 Time: 3:25pm
 Forwarded To:
 5/15/07
 11:31 Am

AMENDMENT No: 2
DEP AGREEMENT No: 05LE1
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF BEACHES AND COASTAL SYSTEMS
BEACH EROSION CONTROL PROGRAM
STATE OF FLORIDA
AMENDMENT TO GRANT AGREEMENT FOR
BLIND PASS ECOZONE RESTORATION PROJECT

THIS AGREEMENT as entered into on the 6th day of September, 2005, and on the 13th day of June, 2006, 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 2, 11 and 17 are hereby revised to read as follows:
2. This Agreement shall begin on the last date executed and end on May 30, 2008. Pursuant to Section 161.101 (18), Florida Statutes, work conducted on this PROJECT by the LOCAL SPONSOR or its subcontractor beginning on or after December of 2003, shall be eligible for cost sharing by the DEPARTMENT.
 11. 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 C (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 D-2 (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.
 17. The LOCAL SPONSOR's Project Manager for all matters is Robert Neal, Phone: 239/479-8566. The DEPARTMENT's Project Manager for all technical matters is Vince George, Phone: 850/413-7783 and the DEPARTMENT's Grant Program Administrator for all administrative matters is Dena VanLandingham, Phone: 850/922-7711 or their successor(s). All matters shall be directed to the appropriate persons for action or disposition.

- All references to Attachment D-1 are hereby deleted and replaced with references to Attachment D-2.
- Attachment D-1 is hereby deleted in its entirety.
- Attachment D-2 as attached hereto is hereby added to the Agreement.

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: Michael R. Smith
 Secretary or designee

Date: _____

Date: 4/10/07

FEID No. 59-6000702

Dena VanHanden
 DEP Grant Program Administrator

APPROVED as to form and legality:

BP 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	D-2	Request For Payment (3 pages)

ATTACHMENT D-2

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

PAYMENT SUMMARY

Name of Project: BLIND PASS ECOZONE RESTORATION PROJECT

Grantee: LEE COUNTY

DEP Contract Number: 05LE1

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

Name of Project:	Grantee:	Billing#	Billing Period:	DEP CONTRACT NUMBER	Invoice Adjustments (To be completed by DEP: Reasons for changes noted below)
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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 BCS Project Manager (5,6)	Changes per BCS Accountant (5,6)	Approved Eligible Cost (5)
Totals for all items on page:											
Notes and invoice adjustment explanations per item # (5)											
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

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.

Name/Signature of Project Administrator	Date
Name/Signature of Project Financial Officer	Date

Form Instructions:
 (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 vendor 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: BLIND PASS ECOZONE RESTORATION PROJECT

Grantee: LEE COUNTY

DEP Agreement Number: 05LE1

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 Eligible Project
No: Item:

1.0 DESIGN AND PERMITTING

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