#### Lee County Board Of County Commissioners **Blue Sheet No. 20050584 Agenda Item Summary** 1. ACTION REQUESTED/PURPOSE: Authorize an extension, from May 30, 2005 to June 30, 2005, for Contract C-2421 between the Board of County Commissioners and Community Housing & Resources, Inc. (CHR) 2. WHAT ACTION ACCOMPLISHES: This contract extension is technical in nature and will allow for more time for CHR to complete its contractual obligations to the county. 3. MANAGEMENT RECOMMENDATION: Authorize extension 5. Meeting Date: 🕖 4. Departmental Category: 04 7. Requirement/Purpose: (specify) 8. Request Initiated: 6. Agenda: N/A X Consent Statute Commissioner Community Development Department Ordinance Administrative Division Planning Admin. Code **Appeals** By: Paul O'Connor, AICP, Planning Public Other X Director 209 4/26/05 Walk-On 9. Background: Community Housing & Resources, Inc. (CHR) is a non-profit housing provider providing affordable rental housing in Lee County. The Board of County Commissioners approved a total of \$390,000 in SHIP funds for construction of Woodhaven – a 12 unit below market rate rental housing project on Sanibel. With the exception of \$9.216.00 under C-2421, all SHIP funds awarded have been spent. CHR has requested an extension of its contract C-2421 from May 30, 2005 to June 30, 2005 in order to accommodate delays caused by material shortages. Staff recommends that this amendment be granted and finds this it is in compliance with the SHIP rules and regulations; it will ensure a timely completion of this project; and it fulfills the terms of the grant award agreement. Funds are received and maintained in accounts LB5540513801,508302/LB006. No additional SHIP dollars are required above those already granted. Attachment: Proposed amendment to Contract C-2421 10. Review for Scheduling: Purchasing County Human Department County Manager/P.W. Other **Budget Services** ar Director Resources Attorney MNN 428 Director\_ Contracts Grants Analyst 4/28/05 $\Lambda \Delta u \Delta \Delta$ 11. Commission Action: RECEIVED BY Approved COUNTY ADMIN! Deferred 4/28/05 Rec. by CoAtty Denied Date: 4/28/05 COUNTY ADMIN Other FORWARDED TO 3.00 Am 4/28/05

# AMENDMENT TO THE AGREEMENT BETWEEN THE LEE COUNTY BOARD OF COUNTY COMMISSIONERS AND COMMUNITY HOUSING & RESOURCES, INC. (CHR)

#### WITNESSETH:

WHEREAS, the referenced Parties to Contract No. C-2421 desire to amend the Contract pursuant to its Section I.A.

NOW, THEREFORE IN CONSIDERATION OF THE MUTUAL PROMISES STATED HEREIN, the referenced contract Section I.A. 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:

Supplemental assistance for the construction of 12 rental units at Woodhaven, 7 very low income ( $$35,000 = $5,000 \times 7 \text{ units}$ ), 3 low income ( $$15,000 = $5,000 \times 3 \text{ units}$ ), 1 low income ( $$15,000 = $15,000 \times 1 \text{ unit}$ ), and 1 moderate income ( $$25,000 = $25,000 \times 1 \text{ unit}$ ) rental households to be completed by **June 30, 2005** May 30, 2005.

The Parties hereby executed this A	mendment on, 200	)5
------------------------------------	------------------	----

CHARLIE GREEN, CLERK

BOARD OF COUNTY COMMISSIONERS LEE COUNTY, FLORIDA

BY DEPUTY CLERK	BY:CHAIRMAN
Sumu M'Ougull Witness (Signature)  ANDRA M'DOUGHLL Witness (Name, Address) 800 DUNLOP ROAD Samubel FL 33957	BY: Community Housing & Resources, Inc (CHR)  Title: Executive Director
Withess (Signature)	FEIN#: 59-2037185
SANIBEL, KE 33957	
	APPROVED AS TO FORM OFFICE OF COUNTY ATTORNEY
	BY:

# AMENDMENT TO THE AGREEMENT BETWEEN THE LEE COUNTY BOARD OF COUNTY COMMISSIONERS AND COMMUNITY HOUSING & RESOURCES, INC. (CHR)

#### WITNESSETH:

WHEREAS, the referenced Parties to Contract No. C-2421 desire to amend the Contract pursuant to its Section I.A.

NOW, THEREFORE IN CONSIDERATION OF THE MUTUAL PROMISES STATED HEREIN, the referenced contract Section I.A. 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:

Supplemental assistance for the construction of 12 rental units at Woodhaven, 7 very low income ( $$35,000 = $5,000 \times 7 \text{ units}$ ), 3 low income ( $$15,000 = $5,000 \times 3 \text{ units}$ ), 1 low income ( $$15,000 = $15,000 \times 1 \text{ unit}$ ), and 1 moderate income ( $$25,000 = $25,000 \times 1 \text{ unit}$ ) rental households to be completed by **June 30, 2005** May 30, 2005.

The Parties hereby executed this Amendment of	, 2005
---	--------

CHARLIE GREEN, CLERK

BOARD OF COUNTY COMMISSIONERS LEE COUNTY, FLORIDA

DEPUTY CLERK	BY:CHAIRMAN
Sundu M'Oufall Witness (Signature)	BY: Janes G. Hyatt Community Housing & Resources, Inc. (CHR)
Witness (Name, Address)	Title: Executive Director
Witness (Name, Address) 800 DUNIOP RP SANIBEL FL 33957	FEIN#: 59 - 2037785
Witness (Signature)	
Witness (Name, Address)  800 DUVLOP PD  SANIBER FC 33957	
	APPROVED AS TO FORM OFFICE OF COUNTY ATTORNEY
	BY:

FROOUS	CORD, CERTIFIC	AIL OI LIADI	THIS CER	TIFICATE IS ISS	UED AS A MATTER OF	11/30/04	
Sawy PO B	er Insurance, Inc. ox 9284		ONLY AN	D CONFERS N THIS CERTIFICA	O RIGHTS UPON THE ATE DOES NOT AMENI AFFORDED BY THE PO	CERTIFICATE D. EXTEND OR	
Fort P	Myers, FL 33902		INSURERS A	AFFORDING COV	ERAGE	NAIC#	
NSURE				nkers Insuranc			
	nunity Housing & Resources, I	Inc.	INSURER B. EV	erest National I	nsurance Company		
	ounlop Road et, FL 33957		INSURER C:				
Janic	ei, i E 33337		INSURER D:			<del> </del>	
COVE	RAGES						
ANY MAY	POLICIES OF INSURANCE LISTED BEL REQUIREMENT, TERM OR CONDITION PERTAIN, THE INSURANCE AFFORDE CIES, AGGREGATE LIMITS SHOWN MA	N OF ANY CONTRACT OR OTHE D BY THE POLICIES DESCRIBED	R DOCUMENT WITH HEREIN IS SUBJEC	H RESPECT TO WI	HICH THIS CERTIFICATE MA	Y BE ISSUED OR	
INSR ADI	PO TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DDMY)	LIMITS		
	GENERAL LIABILITY				EACH OCCURRENCE S		
A	CLAIMS MADE COCCUR				PREMISES (Ex occurance) 5		
	- South Mode - South	CPP 09-4402554-05	05/19/04	05/19/05	MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$		
					GENERAL AGGREGATE S		
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG   \$		
$\top$	V POLICY PRO- LOC AUTOMOBRE LIABRITY				COMBINED SINGLE LIMIT (Ea accident)	;	
!	ALL OWNED AUTOS SCHEDULED AUTOS	None Provided			BOOILY INJURY (Per person)		
i	HRED AUTOS NON-OWNED AUTOS	None i Toylded			BODILY INJURY (Per accident) \$	·	
					PROPERTY DAMAGE (Per accident)	·	
	GARAGE LIABILITY ANY AUTO	None Provided			AUTO ONLY - EA ACCIDENT \$		
	EXCESSAMBRELLA LIABILITY				AUTO ONLY: AGG \$		
	OCCUR CLAIMS MADE			ļ	EACH OCCURRENCE   \$ AGGREGATE \$	<del>-</del>	
		None Provided					
-	DEDUCTIBLE				s		
W	RETENTION S  ORKERS COMPENSATION AND		-		WCSTATU- OTH-	<del></del>	
B EM	PLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE	0700000400044	04/04/05	0.47000	EL EACHACODENT S	100,000	
OF.	F:CER/MEMBER EXCLUDED?	2700008432941	01/01/05	01/01/06	B.L. DISEASE - EA EMPLOYEE S		
SP	ECIAL PROVISIONS below HER				E.L. DISEASE - POLICY LIMIT S	500,000	
DESCRIP	TION OF OPERATIONS/LOCATIONS/VEHICLE	S / EXCLUSIONS ADDED BY ENDORSEM	ENT/SPECIAL PROVISI	ONS			
Sertitii	cate Holder is Additional Insur	ed in regards to General I	_iability Only.				
30-Da	y Notice of cancellaiton applie	s to Workers' Compensat	ion				
	, reason of the second of the	o to trainer dompandat	ion.				
CERTI	FICATE HOLDER		CANCELLAT	ION	<u> </u>	<u> </u>	
	ounty Board of County Commi	ssioners	<del></del>		ED POLICIES BE CANCELLED BEF	ORE THE EXPIRATION	
Attention: Risk Management		DATE THEREOF,	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN				
PO B ox 398 Fort Myers, FL 33901			1	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL			
. w. s. 181	y = . 0, 1 x 0000 t		<b>f</b>	MPOSE NO OBLIGATION OR LIABILITY OF ANY KIND LIPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.			
			AUTHORIZED REP		C1 D	1 -1	
			Mary Louise				

Atta: Susan Strum 479-8319



OLD REPUBLIC SURETY COMPANY P O BOX 4668 WINTER PARK, FL 32793-4668

### **CONTINUATION CERTIFICATE**

BOND NUMBER	TRONG DESCRIPTION	BOND AMOUNT	EFFECTIVE DATE	TEXPIRATION DATE
		J		
OFL- 444835	BLANKET FIDELITY	100,000	9/07/2004	9/07/2005
	TY HOUSING & RESOURCES	india in inc.		
	ILOP ROAD	o, INC.		
SANIBEL	, FL 33957			
<b>GENICEE</b>				
SAME AS	TTT			
PRINCIP				
FRINCIE	AD			
•		•	-	
THIS BOND CONTINUES IN	N FORCE TO THE ABOVE EXPIRATION DATE CO	ONDITIONED AND PROVIDED THA	T THE LOSSES OR RECO	VERIES ON
IT AND ANY AND ALL END	ORSEMENTS SHALL NEVER EXCEED THE PENA	ALTY SET FORTH IN THE BOND A	ND WHETHER THE LOSS	ESOR
RECOVERIES ARE WITHIN	I THE FIRST AND/OR SUBSEQUENT OR WITHIN	ANY EXTENSION OR RENEWAL F	PERIOD, PRESENT, PAST	OR FUTURE.
ALL OTHER TERMS AND C	ONDITIONS REMAIN UNCHANGED.			
SIGNED AND DATED T	HIS <u>SEVENTH</u>	DAY OF <u>SEPTEMBE</u>	R. 2004	
92-2992	THOSE THA			
SAWYER INSUR		OID DESCRIPT	ra orienmi ao	MDB NII
P O BOX 9284	ALM SQ. BLVD-#104	CDD REPOBL	IC SURETY CO	WANA
200	PT 22602			
FORT MYERS,	ги 33902			
		_		
		Ву		
				<b>3</b>

AGENT'S COPY

# SAWYER INSURANCE, INC.

COMMUNITY HOUSING & RESOURCES, INC.

HAZARD & LIABILITY INSURANCE

BANKERS INSURANCE COMPANY

POLICY #CPP 09-4402554-06

RENEWAL DATE 05/19/05

APR 14 2005

\* break down by project

LOCATION	COVERAGE	PROPERTY PREMIUM	LIABILITY PREMIUM	
Premises I - Bu	uilding 1 through 6		•	
403-405 Airport	\$120,000 Bldg. & \$4,160 Contents	\$385.00	\$ 153.17	WA
407-409 Airport	\$120,000 Bldg. & \$4,160 Contents	\$385.00	\$ 153.17	14 44
410-412 Airport	\$120,000 Bldg. & \$4,160 Contents	\$385.00	\$ 153.17	3229.00
411-413 Airport	\$120,000 Bldg. & \$4,160 Contents	\$385.00	<b>\$ 153.17</b>	+20.41
414-416 Airport	\$120,000 Bldg. & \$4,160 Contents	\$385.00	\$ 153.16	
418-420 Airport	\$120,000 Bldg. & \$4,160 Contents	\$385,00	\$ 153.16	3249.47
Premises 2 - Units 1		2310.	919-2	•
Wooster-Unit#11	\$ 12,000 Bldg. & \$3,000 Contents	\$ 51.50	\$ 76.50	
Wooster-Unit#12	\$ 12,000 Bldg. & \$3,000 Contents	\$ 51.50	\$ 76.50	Wstr
Wooster-Unit#13	\$ 12,000 Bldg. & \$3,000 Contents	\$ 51.50	\$ 76.50	5 I2. ∞
Wooster-Unit#14	\$ 12,000 Bldg. & \$3,000 Contents	\$ 51.50	\$ 76.50	
Premises 3 - Buildin	gs 1 & 2	206.00	306 F	
455-457 Whitehall	\$120,000 Bldg. & \$4,160 Contents	\$385.00	\$ 153.00	<b>s</b> H
465 Whitehall	\$100,000 Bldg. & \$2,080 Contents	\$314,00	\$ 101.00	953,00
Premises 4 - Buildin	gs 1 through 3	699.	254.	, ,
975-977 Beach Road	\$120,000 Bldg. & \$5,200 Contents	\$391.00	\$ 153.00	Bch
985-987 Beach Road	\$120,000 Bldg. & \$5,200 Contents	<b>\$39</b> 1.00	\$ 153.00	
991 Beach Road	\$ 80,000 Bldg. & \$3,120 Contents	\$258.00	\$ 101.00	1447,00
Premises 5 - Buildin	gs 1 through 7	1040.	407	
700-702 Mahogany	\$120,000 Bldg. & \$3,640 Contents	\$381.00	\$ 1 <i>5</i> 3.29 <b>\</b>	
708-710 Mahogany	\$120,000 Bldg. & \$3,640 Contents	\$381.00	\$ 153.29	
716-718 Mahogany	\$120,000 Bldg. & \$3,640 Contents	\$381.00	\$ 153.29	1
724-726 Mahogany	\$120,000 Bldg. & \$3,640 Contents	\$381.00	\$ 153.29	, mw
732-734 Mahogany	\$120,000 Bldg. & \$3,640 Contents	\$381.00	\$ 153.29	3740,00
740-742 Mahogany	\$120,000 Bldg. & \$3,640 Contents	\$381.00	\$ 153.29	
748-750 Mahogany	\$120,000 Bldg. & \$3,640 Contents	\$381.00	\$ 153.26	
Premises 6 - Buildin	g 1	<b>26</b> 67.∞	1073	0 1 1
9248 Belding Road	\$161,200 Bldg. & \$2,080 Contents	\$498.00	\$ 101.00	Bld
_				599,°°

Premises 7 - 2301 F Pod #1 - 3 Unit Bldg.	Periwinkle Way \$300,000 Bidg. & \$3,100 Contents	<b>\$9</b> 67.50	\$ 152.25
Pod #2 - 3 Unit Bldg.	\$300,000 Bldg. & \$3,100 Contents	<b>\$96</b> 7.50	\$ 152.25 CM
Pod #3 - 3 Unit Bldg.	\$300,000 Bldg. & \$3,100 Contents	\$967.50	\$ 152.25 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Pod #4 - 3 Unit Bldg.	\$300,000 Bldg. & \$3,100 Contents	\$967.50	\$ 152.25
Garage	\$ 8,500 Bldg. & -0- Contents	\$ 27.00	Included
Gazebo	\$ 6,000 Bldg. & -0- Contents	\$ 322.00 4319.**	Included 609. © Included
	a/k/a Center Street) Vacant Land nately 3 acres)		\$ 581.50 - center 5t 581.50
Location #9 - Casa Ybel Road (Vaca (Approxim	ant Land) nately 3 acres)		\$581.50 - casa Ybel Road

TOTAL PROPERTY PREMIUM
TOTAL LIABILITY PREMIUM
FLORIDA SURCHARGES/FEE
TOTAL ANNUAL PREMIUM
(For all locations)

\$ 11,639.00 \$ 4,832.00 \$ 20.47 \$ 16,491.47

1	COMMUNITY HOUSING & RESOURCES, INC. PH. (239) 472-1189 800 DUNLOF ROAD SANIBEL, FL 33957	83-643/870  Date 5/./05	7321 —
	Pay to the Bankers Insurance Order Of Bankers Insurance Linear thousand four hendred	e Company \$ /0  nineter-one 100 Do	6491150
, , , , , , , , , , , , , , , , , , ,	WACHOVIA BANK, N.A.	0	<u>.</u>
	For # CPP 09-440 1554-06	1321 Janes	a. Hypti
	E ANTISTIC CHECKS, INC. 1-60 124-7621 - www.artisticulipine		PAY IT METH PEACE IN S



Bankers Insurance Compалу

First Community Insurance Company

P.O. Box 33060

St. Peteraburg, Florida 33733-8060

1-800-827-0000

727-823-4000

www.bankersinsurance.com

Show sent we park who have

March 31, 2005

Community Housing & Resources Inc 800 Dunlop Rd Sanibel FL 33957 "We Appreciate Your Business"

RECEIVED

Policy #: CPP 09 4402554 05 Expiration de

Expiration date: 05/19/05

APR 4 - 2005

Dear Policyholder:

冈

IT'S TIME TO RENEW your insurance policy. To ensure continued coverage with us, payment must be received on or before the expiration date of your current policy.

Changes:

See attached Notice CG2426 - Amendment of Insured Contract Definition

See attached Notice CG0067 - Excl. Emails and CG2196 - Excl. Silica

See attached Notice - CGL form changes, CG0001, CG0220, CG2167

Includes the Commercial Property and General Liability Coverage Extension Endorsements.

Please submit the following information:

PREMIUM: \$ 16,471.00 + \$4.00 EM + \$16.47 FCS = \$16,491.47 PAYMENT IN FULL REQUIRED

Quotes are valid until expiration of current policy and subject to any rate changes in the interim.

Sincerely, Gail Murvine

Commercial Underwriter/EXT: 4797

CC: Agent: Sawyer Insurance Inc

PO Box 9284

Fort Myers FL 33902-9284

Please RETURN BOTTOM PORTION along with your payment.

Please WRITE POLICY NUMBER ON CHECK and make payable to:

Bankers insurance Co.

Due Date: 05/19/05

To Be Paid By: Insured

Insured Amount due: \$16,491.47

Insured: Community Housing & Resources Inc

P.O. Box 33060 St. Petersburg, Florida 33733-8060

05000 00000 CPP \*\*\*\* 090004402554 06 RE 09 84412



Community Housing & Resources, Inc.

2401 Library Way, Sanibel, FL 33957 • 941 / 472-1189 • Fax 941 / 472-2695 Mailing address: 800 Dunlop Road • Sanibel, FL 33957

## CITY OF SANIBEL HOUSING FOUNDATION

### FAX TRANSMISSION SHEET

DATE:	4/26/05
TO:	Susan Strumm
	FAX# 479-8161
	\70 U
FROM:	Ja, Hyatt
	DEPARTMENT: CHR
NUMBER	R OF PAGES (Including cover sheet)
I thought	you were talking about the employer's
1: ability	Coverage which I knew was in effect but needed
to Check	dates on I think though you're wanting the
Commercia	e liability into. & that check has been written
and is we	whing to go out for May 1 st. Enclosed is the
file roem	d on the 5/19/05 -5/19/06 coverage. Please let
me know	s it this will not suffice That you.