

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

Blue Sheet No. 20070341

1. ACTION REQUESTED/PURPOSE:

Authorize an amendment to the SHIP (State Housing Initiatives Partnership) Contract C-3071 between the Board of County Commissioners and the Bonita Springs Area Housing Development Corp. (BSHDC), to change the contract project scope from the construction of single family houses for 3 very-low and 1 low-income households to 2 very-low income and 2 low-income households.

2. FUNDING SOURCE: Amendment to existing contract, funding already in place. No additional funding is required.

3. WHAT ACTION ACCOMPLISHES:

Approval of this amendment adapts the contract to meet the client's needs while still remaining consistent with the Local Housing Assistance Plan.

4. MANAGEMENT RECOMMENDATION: Approve

4. Departmental Category: 04 **5. Meeting Date:** MAR 27 2007

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:
	<input type="checkbox"/> Statute	Commissioner <u>N/A</u>
	<input type="checkbox"/> Ordinance	Department <u>Community Development</u>
	<input type="checkbox"/> Admin. Code	Division <u>Planning</u>
	<input checked="" type="checkbox"/> Other	By: <u>Paul O'Connor, Planning Director</u> <u>POC 03/06/07</u>

9. Background:

Changing the contract project scope from building a house for a very-low income to a low-income household will help the agency meet its client's needs. A household previously qualified to purchase a house as a very low-income household lost that qualification due to an increase in their household income. Since the household's income increased after the application was filed and while it was being processed, the agency is requesting this amendment in order to allow this particular household to still buy a BSHDC home.

Proposed Amendment

- Contract C-3071 - revise the scope of work as follows: Construction of 4 single-family homes for 3 2 very low and 1 2 low-income households.

Staff recommends approval and finds that it is in compliance with the SHIP rules and regulations; will ensure a timely completion of this project; and, fulfill the terms of the grant award agreements.

No additional SHIP dollars are required.

Attachments: Proposed amendment to Contract C-3071.

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>M. Ambrose</i>	<i>[Signature]</i>	N/A	N/A	<i>[Signature]</i>	<i>[Signature]</i> 3/14/07	<i>[Signature]</i> 3/14/07	<i>[Signature]</i> 3/14/07	<i>[Signature]</i> 3/14/07	<i>[Signature]</i> 3-14-07

11. Commission Action:

- Approved
 Deferred
 Denied
 Other

RECEIVED BY COUNTY ADMIN: <i>[Signature]</i>
3/12 9:35 AM
COUNTY ADMIN FORWARDED TO: <i>[Signature]</i>
3/18 8:50

Rec. by CoAtty
Date: 3/8/07
Time: 8:55 AM
Forwarded To: Admin. 3/9/07 5:00 pm

AMENDMENT TO THE
AGREEMENT BETWEEN THE
LEE COUNTY BOARD OF COUNTY COMMISSIONERS
AND

BONITA SPRINGS AREA HOUSING DEVELOPMENT
CORPORATION

WITNESSETH:

WHEREAS, the referenced Parties to Contract No. C-3071 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 and 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: Construction of 4 single family homes for 2 ~~3~~ very-low and 2 ~~1~~-low-income household. Construction of these homes shall be completed by May 31, 2007.

The Parties hereby executed this Amendment on _____, 2007.

CHARLIE GREEN, CLERK

BOARD OF COUNTY COMMISSIONERS
LEE COUNTY, FLORIDA

BY _____
DEPUTY CLERK

BY: _____
CHAIR

M. Vega
Witness (Signature)

BY: Aloni Lopez
Bonita Springs Area HDC

Maria Vega
Witness (Name, Address)

Title: Executive Director

FEIN#: 65-0276988

Marcela De Leon
Witness (Signature)

MARCELA N. DE LEON
Witness (Name, Address)
26801 Old 41 Rd #2
Bonita Springs, FL 34135

APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY

BY: _____
Lee County Attorney's Office

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/6/2007

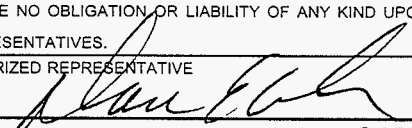
PRODUCER NATIONWIDE INS - THOMAS AGCY 26831 S Tamiami Trail #52 Bonita Springs, FL 34134 239-992-6822		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED BONITA SPRINGS AREA HOUSING DEVELOPMENT CORP 26801 OLD 41 RD UNIT 2 BONITA SPRINGS, FL 34135		INSURERS AFFORDING COVERAGE INSURER A: NAUTILUS INSURANCE CO INSURER B: MARKEL AMERICAN INSURER C: INSURER D: INSURER E:	NAIC#

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	NC589594	09/12/06	09/12/07	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ EXCLUDED
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANYAUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANYAUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		DISHONESTY BOND	77BO451272-3001	09/12/06	09/12/07	\$250,000 LIMIT
B		DIR & OFFICERS	ON110856	08/20/06	08/20/07	\$1,000,000 LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
CERTIFICATE HOLDER IS ALSO NAMED AS ADDITIONAL INSURED FOR THE ABOVE NAMED AND LOSS PAYEE

CERTIFICATE HOLDER LEE COUNTY BOARD OF COMMISSIONERS RISK MANAGEMENT PO BOX 398 FORT MYERS, FL 33912 239-335-2262	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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