

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

Blue Sheet No. 20050616

**1. ACTION REQUESTED/PURPOSE:**

Authorize an extension, from May 30, 2005, to June 30, 2005, for three contracts C-2385, C-2732 and C-2899 between the Board of County Commissioners and Lee County Housing Development Corp. (LCHDC)

**2. WHAT ACTION ACCOMPLISHES:**

These contract extensions are technical in nature and will allow for more time for LCHDC to complete its contractual obligations to the county.

**3. MANAGEMENT RECOMMENDATION:** Authorize extensions

**4. Departmental Category:** 04

*C4A*

**5. Meeting Date:** 05-17-2005

**6. Agenda:**

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

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

- Statute
- Ordinance
- Admin. Code
- Other

**8. Request Initiated:**

Commissioner N/A  
 Department Community Development  
 Division Planning  
 By: Paul O'Connor, AICP, Planning Director  
 Director POC 5/3/05

**9. Background:**

Lee County Housing Development Corp. (LCHDC) is a non-profit housing provider providing affordable housing in Lee County. LCHDC has requested an extension of its contracts C-2385, C-2732 and C-2899 from May 30, 2005, to June 30, 2005, in order to accommodate delays in construction due to material shortages and recent hurricanes.

Staff recommends that these extensions be granted and finds this it is in compliance with the SHIP rules and regulations. Approval of these amendments will ensure a timely completion of these projects; and it fulfills the terms of the grant award agreements.

Funds are received and maintained in accounts LB5540513801.508302 LB006 and LB007. No additional SHIP dollars are required above those already granted.

Attachment: Proposed amendment to Contract C-2385, C-2732 and C-2899

**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>Nancy (655)</i>	<i>5/4/05</i>	<i>N/A</i>		<i>5/5/05</i>	<i>5/5/05</i>	<i>5/5/05</i>	<i>5/5/05</i>	<i>5/5/05</i>	<i>[Signature]</i>

**11. Commission Action:**

- Approved
- Deferred
- Denied
- Other

Rec. by CoAtty
Date: 5/5/05
Time: 10:00
Forwarded To: [Signature]

RECEIVED BY COUNTY ADMIN: TD
5/5/05
2:00 PM
COUNTY ADMIN FORWARDED TO: [Signature]
5/5/05
4:45 PM

AMENDMENT TO THE  
AGREEMENT BETWEEN THE  
LEE COUNTY BOARD OF COUNTY COMMISSIONERS  
AND  
LEE COUNTY HOUSING DEVELOPMENT CORPORATION (LCHDC)

WITNESSETH:

WHEREAS, the referenced Parties to Contract No. C-2385 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:
  - Acquisition, rehabilitation, and resale of 10 single family homes for 3 very-low and 7 low-income homebuyers. Acquisition, rehabilitation, and resale of these homes shall be completed by June 30, 2005 ~~May 30, 2005~~.

The Parties hereby executed this Amendment on \_\_\_\_\_, 2005.

CHARLIE GREEN, CLERK

BOARD OF COUNTY COMMISSIONERS  
LEE COUNTY, FLORIDA

BY \_\_\_\_\_  
DEPUTY CLERK

BY: \_\_\_\_\_  
CHAIRMAN

*[Handwritten Signature]*  
Witness (Signature)

BY: *Dr. Bruce N. Minton*  
Lee County HDC

*Treva K. Gilligan*  
Witness (Name, Address)  
L.C. HOUSING DEVELOPMENT CORP.  
P.O. BOX 2854  
FORT MYERS, FL 33902

Title: PRESIDENT

FEIN#: 65-0295038

*Vanessa H Patterson*  
Witness (Signature)

VANESSA H PATTERSON  
Witness (Name, Address)  
PO Box 2854  
FORT MYERS, FL 33902  
L.C. HOUSING DEVELOPMENT CORP.  
P.O. BOX 2854  
FORT MYERS, FL 33902

APPROVED AS TO FORM  
OFFICE OF COUNTY ATTORNEY

BY: \_\_\_\_\_  
Lee County Attorney's Office

CERTIFICATE OF INSURANCE

The company indicated below certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate. This Certificate of Insurance does not amend, extend, or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy numbered and described below.

CERTIFICATE HOLDER:  
 LEE COUNTY BOARD OF  
 COMMISSIONERS  
 ATTN G JACKSON  
 P O BOX 398  
 FT MYERS, FL 33902

INSURED:  
 LEE COUNTY HOUSING  
 DEVELOPMENT  
 PO BOX 2854  
 FT MYERS, FL 33902

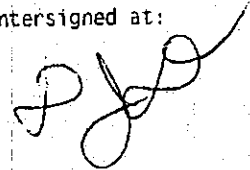
TYPE OF INSURANCE	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
<input checked="" type="checkbox"/> LIABILITY	77-PR-464354-3001	07-01-04	07-01-05	
<input checked="" type="checkbox"/> Liability and Medical Expense	NATIONWIDE MUTUAL FIRE INSURANCE CO.			Any One Occurrence..... \$ 1,000,000
<input checked="" type="checkbox"/> Personal and Advertising Injury				Any One Person/Org ..... \$ 1,000,000
<input checked="" type="checkbox"/> Medical Expenses				ANY ONE PERSON ..... \$ 5,000
<input checked="" type="checkbox"/> Fire Legal Liability				Any One Fire or Explosion \$ 100,000
<input type="checkbox"/> Other Liability				General Aggregate* ..... \$ 1,000,000 Prod/Comp Ops Aggregate* . \$ 1,000,000
<b>AUTOMOBILE LIABILITY</b>				
<input type="checkbox"/> BUSINESS AUTO				Bodily Injury (Each Person) ..... \$ (Each Accident) ..... \$
<input type="checkbox"/> Owned				Property Damage (Each Accident) ..... \$
<input type="checkbox"/> Hired				Combined Single Limit .... \$
<input type="checkbox"/> Non-Owned				
<b>EXCESS LIABILITY</b>				
<input type="checkbox"/> Umbrella Form				Each Occurrence ..... \$ Prod/Comp Ops/Disease Aggregate* ..... \$
<b>STATUTORY LIMITS</b>				
<input type="checkbox"/> Workers' Compensation and				BODILY INJURY/ACCIDENT ... \$ Bodily Injury by Disease EACH EMPLOYEE ..... \$
<input type="checkbox"/> Employers' Liability				Bodily Injury by Disease POLICY LIMIT ..... \$

Should any of the above described policies be cancelled before the expiration date, the insurance company will endeavor to mail written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability upon the company, its agents, or representatives.

DESCRIPTION OF OPERATIONS/LOCATIONS  
 VEHICLES/RESTRICTIONS/SPECIAL ITEMS  
 NON-OWNED AUTO LIAB IMIL DISHO  
 NESTY BOND \$50,000.LEE CO BOCC  
 IS ADDITIONAL INSURED.

Effective Date of Certificate: 07-01-2004  
 Date Certificate Issued: 06-10-2004

Authorized Representative: DOM DIBLASE AGENCY  
 Countersigned at: 3401 BONITA BEACH RD.A101  
 BONITA SPRINGS,FL 34134



AMENDMENT TO THE  
AGREEMENT BETWEEN THE  
LEE COUNTY BOARD OF COUNTY COMMISSIONERS  
AND  
LEE COUNTY HOUSING DEVELOPMENT CORPORATION (LCHDC)

WITNESSETH:

WHEREAS, the referenced Parties to Contract No. C-2732 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:

Lee County Housing Development Corporation – Scattered Site Housing – Dunbar Bellevue

1. a. The Project, as approved for grant assistance, shall consist of the following authorized scope of Project work: Construction of 3 single family homes for 3 very low income home buyers. Construction of these homes shall be completed by **June 30, 2005** ~~May 30, 2005~~.

The Parties hereby executed this Amendment on \_\_\_\_\_, 2005.

CHARLIE GREEN, CLERK

BOARD OF COUNTY COMMISSIONERS  
LEE COUNTY, FLORIDA

BY \_\_\_\_\_  
DEPUTY CLERK

BY: \_\_\_\_\_  
Name and Title

*Trea K. Gilligan*  
Witness (Signature)

BY: *Dr. Bruce N. Weston*  
Lee County HDC

*Trea K. Gilligan*  
Witness (Name, Address)

Title: PRESIDENT

L.C. HOUSING DEVELOPMENT CORP.  
P.O. BOX 2854  
FORT MYERS, FL 33902

FEIN#: 65-0295038

*Vanessa A. Patterson*  
Witness (Signature)

*VANESSA H PATTERSON*  
Witness (Name, Address)  
*P.O. Box 2854*  
*FORT MYERS, FL 33902*

L.C. HOUSING DEVELOPMENT CORP.  
P.O. BOX 2854  
FORT MYERS, FL 33902

APPROVED AS TO FORM  
OFFICE OF COUNTY ATTORNEY

BY: \_\_\_\_\_  
Lee County Attorney's Office

CERTIFICATE OF INSURANCE

The company indicated below certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate. This Certificate of Insurance does not amend, extend, or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy numbered and described below.

CERTIFICATE HOLDER:

LEE COUNTY BOARD OF COMMISSIONERS  
ATTN G JACKSON  
P O BOX 398  
FT MYERS, FL 33902

INSURED:

LEE COUNTY HOUSING DEVELOPMENT  
PO BOX 2854  
FT MYERS, FL 33902

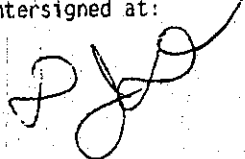
TYPE OF INSURANCE	POLICY NUMBER & ISSUING CO	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
<input checked="" type="checkbox"/> LIABILITY	77-PR-464354-3001	07-01-04	07-01-05	
<input checked="" type="checkbox"/> Liability and Medical Expense	NATIONWIDE MUTUAL FIRE INSURANCE CO.			Any One Occurrence..... \$ 1,000,000
<input checked="" type="checkbox"/> Personal and Advertising Injury				Any One Person/Org ..... \$ 1,000,000
<input checked="" type="checkbox"/> Medical Expenses				ANY ONE PERSON ..... \$ 5,000
<input checked="" type="checkbox"/> Fire Legal Liability				Any One Fire or Explosion \$ 100,000
				General Aggregate* ..... \$ 1,000,000
				Prod/Comp Ops Aggregate* . \$ 1,000,000
<input type="checkbox"/> Other Liability				
<b>AUTOMOBILE LIABILITY</b>				
<input type="checkbox"/> BUSINESS AUTO				Bodily Injury (Each Person) ..... \$
<input type="checkbox"/> Owned				(Each Accident) ..... \$
<input type="checkbox"/> Hired				Property Damage (Each Accident) ..... \$
<input type="checkbox"/> Non-Owned				Combined Single Limit .... \$
<b>EXCESS LIABILITY</b>				
<input type="checkbox"/> Umbrella Form				Each Occurrence ..... \$
				Prod/Comp Ops/Disease Aggregate* ..... \$
<b>STATUTORY LIMITS</b>				
<input type="checkbox"/> Workers' Compensation and Employers' Liability				BODILY INJURY/ACCIDENT ... \$
				Bodily Injury by Disease EACH EMPLOYEE ..... \$
				Bodily Injury by Disease POLICY LIMIT ..... \$

Should any of the above described policies be cancelled before the expiration date, the insurance company will endeavor to mail written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability upon the company, its agents, or representatives.

DESCRIPTION OF OPERATIONS/LOCATIONS  
VEHICLES/RESTRICTIONS/SPECIAL ITEMS  
NON-OWNED AUTO LIAB 1MIL DISHO  
NESTY BOND \$50,000 LEE CO BOCC  
IS ADDITIONAL INSURED.

Effective Date of Certificate: 07-01-2004  
Date Certificate Issued: 06-10-2004

Authorized Representative: DOM DIBLASE AGENCY  
Countersigned at: 3401 BONITA BEACH RD, A101  
BONITA SPRINGS, FL 34134



AMENDMENT TO THE  
AGREEMENT BETWEEN THE  
LEE COUNTY BOARD OF COUNTY COMMISSIONERS  
AND  
LEE COUNTY HOUSING DEVELOPMENT CORPORATION (LCHDC)

WITNESSETH:

WHEREAS, the referenced Parties to Contract No. C-2899 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:

Lee County Housing Development Corporation – Scattered Site Housing – Dunbar Bellevue

1. a. Rehabilitation of 18 Hurricane damaged homes for 6 very-low, 6 low-income and 6 moderate-income households. Rehabilitation of these homes shall be completed by June 30, 2005 ~~May 30, 2005~~.

The Parties hereby executed this Amendment on \_\_\_\_\_, 2005.



CHARLIE GREEN, CLERK

BOARD OF COUNTY COMMISSIONERS  
LEE COUNTY, FLORIDA

BY \_\_\_\_\_  
DEPUTY CLERK

BY: \_\_\_\_\_  
Name and Title

*[Handwritten Signature]*  
Witness (Signature)

BY: *Dr. Bruce N. Menton*  
Lee County HDC

*Trevan Gilligan*  
Witness (Name, Address)

Title: PRESIDENT

L.C. HOUSING DEVELOPMENT CORP.  
P.O. BOX 2854  
FORT MYERS, FL 33902

FEIN#: 65-0295038

*Vanessa H. Patterson*  
Witness (Signature)

*VANESSA H. PATTERSON*  
Witness (Name, Address)

L.C. HOUSING DEVELOPMENT CORP.  
P.O. BOX 2854  
FORT MYERS, FL 33902

APPROVED AS TO FORM  
OFFICE OF COUNTY ATTORNEY

BY: \_\_\_\_\_  
Lee County Attorney's Office

CERTIFICATE OF INSURANCE

The company indicated below certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate. This Certificate of Insurance does not amend, extend, or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy numbered and described below.

CERTIFICATE HOLDER:  
 LEE COUNTY BOARD OF  
 COMMISSIONERS  
 ATTN G JACKSON  
 P O BOX 398  
 FT MYERS, FL 33902

INSURED:  
 LEE COUNTY HOUSING  
 DEVELOPMENT  
 PO BOX 2854  
 FT MYERS, FL 33902

TYPE OF INSURANCE	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
LIABILITY	77-PR-464354-3001	07-01-04	07-01-05	
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<input checked="" type="checkbox"/> Personal and Advertising Injury				Any One Person/Org ..... \$ 1,000,000
<input checked="" type="checkbox"/> Medical Expenses				ANY ONE PERSON ..... \$ 5,000
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<input type="checkbox"/> Hired				Combined Single Limit .... \$
<input type="checkbox"/> Non-Owned				
<b>EXCESS LIABILITY</b>				
<input type="checkbox"/> Umbrella Form				Each Occurrence ..... \$ Prod/Comp Ops/Disease Aggregate* ..... \$
<b>STATUTORY LIMITS</b>				
<input type="checkbox"/> Workers' Compensation and				BODILY INJURY/ACCIDENT ... \$ Bodily Injury by Disease EACH EMPLOYEE ..... \$
<input type="checkbox"/> Employers' Liability				Bodily Injury by Disease POLICY LIMIT ..... \$

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DESCRIPTION OF OPERATIONS/LOCATIONS  
 VEHICLES/RESTRICTIONS/SPECIAL ITEMS  
 NON-OWNED AUTO LIAB IMIL.DISHO  
 NESTY BOND \$50,000.LEE CO BOCC  
 IS ADDITIONAL INSURED.

Effective Date of Certificate: 07-01-2004  
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Authorized Representative: DOM DIBLASE AGENCY  
 Countersigned at: 3401 BONITA BEACH RD.A101  
 BONITA SPRINGS,FL 34134

