

Lee County Board Of County Commissioners
Agenda Item Summary

Blue Sheet No. 20030789

1. REQUESTED MOTION:

ACTION REQUESTED: Approve budget resolution in the amount of \$44,607 for unanticipated revenues from the Florida Department of Community Affairs for the Bonita Beach Renourishment Project (Project No. 203039) and amend the FY02/03-06/07 Capital Improvement Program accordingly.

WHY ACTION IS NECESSARY: Board approval is required for budget resolutions and CIP amendments.

WHAT ACTION ACCOMPLISHES: Allows use of emergency management funds from Tropical Storm Gabrielle damage on the Bonita Springs public beach for the Bonita Beach Renourishment Project.

2. DEPARTMENTAL CATEGORY: 08 – Natural Resources

3. MEETING DATE:

COMMISSION DISTRICT #: 03

C8A

08-05-2003

4. AGENDA:

5. REQUIREMENT/PURPOSE:
(Specify)

6. REQUESTOR OF INFORMATION:

- CONSENT
- ADMINISTRATIVE
- APPEALS
- PUBLIC
- WALK ON
- TIME REQUIRED:

- STATUTE
- ORDINANCE
- ADMIN. CODE *AC 3-6*
- OTHER

- A. COMMISSIONER
- B. DEPARTMENT *Public Works*
- C. DIVISION *Natural Resources*

BY: *Roland E. Ottolini, P.E.*



7. BACKGROUND:

Lee County applied for emergency management funds for restoration of the beach and groin areas of the public beach at Bonita Beach damaged during Tropical Storm Gabrielle. Funds were approved for repair of the groin areas and debris removal costs for a total of \$44,606.80. Work on the groin replacement and debris removal was funded through the Bonita Beach Renourishment Project (203039) and by reimbursing the project, additional funds will be made available for the construction phase of the renourishment project which is tentatively scheduled to go out to bid in August 2003.

Warrant No. 1645681 in the amount of \$6,230.00 and Warrant No. 1653921 in the amount of \$38,376.80 totaling \$44,606.80 have been deposited in account no. 20303930100.337700.9005. Funding for expenditures will be made available in 20303930100.503490 (Capital Projects, Bonita Beach Renourishment Project, Capital Improvement Fund, Other Contracted Services).

8. MANAGEMENT RECOMMENDATIONS:

9. RECOMMENDED APPROVAL:

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services				G County Manager
					OA	OM	Risk	GC	
<i>J. J. Jander</i> 7.2.03	N/A	N/A	<i>BAJ</i> <i>7/2/03</i>	<i>KS</i> <i>7/2/03</i>	<i>ebw</i> <i>7-2-03</i>	<i>AK</i> <i>7/2/03</i>	<i>OB</i> <i>7/2/03</i>	<i>MS</i> <i>7-2-03</i>	<i>J. J. Jander</i> 7.2.03

10. COMMISSION ACTION:

- APPROVED
- DENIED
- DEFERRED
- OTHER

Rec. by CoAtty
Date: *7/2/03*
Time: *2:05 PM*
Forwarded To:
City Admin
7-2-03
2:25 PM

RECEIVED BY
COUNTY ADMIN.
7/2/03
2:45 PM
COUNTY ADMIN. *DJR*
FORWARDED TO:
7/2/03
4:50 PM

RESOLUTION

Amending the Budget of Capital Improvements-Fund 30100 to incorporate the unanticipated receipts into Estimated Revenues and Appropriations for the fiscal year 2002-2003.

WHEREAS, in compliance with the Florida Statutes 129.06(2), it is the desire of the Board of County Commissioners of Lee County, Florida, to amend the Capital Improvements-Fund 30100 budget for \$44,607 of the unanticipated revenue from the FL Department of Community Affairs and an appropriation of a like amount for construction costs and;

WHEREAS, the Capital Improvements-Fund 30100 budget shall be amended to include the following amounts which were previously not included.

ESTIMATED REVENUES

Prior Total:		\$104,595,324
Additions		
20303930100.337700.9005	Beach Restoration	44,607
Amended Total Estimated Revenues		\$104,639,931

APPROPRIATIONS

Prior Total:		\$104,595,324
Additions		
20303930100.503490	Other Contracted Services	44,607
Amended Total Appropriations		\$104,639,931

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Lee County, Florida, that the Capital Improvements-Fund 30100 budget is hereby amended to show the above additions to its Estimated Revenue and Appropriation accounts.

Duly voted upon and adopted in Chambers at a regular Public Hearing by the Board of County Commissioners on this ____ day of _____, 2003.

ATTEST:
CHARLIE GREEN, EX-OFFICIO CLERK

BOARD OF COUNTY COMMISSIONERS
LEE COUNTY, FLORIDA

BY: _____
DEPUTY CLERK

CHAIRMAN

APPROVED AS TO FORM

OFFICE OF COUNTY ATTORNEY

DOC TYPE YA
LEDGER TYPE BA

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
REMITTANCE ADVICE

4-657 526

THIS IS NOT A PAYMENT DEVICE

FLAIR ACCOUNT CODE 52-202339047-52600300-00-10210500	OLO 520000	SITE 00	DOCUMENT NUMBER D3000538970	OBJECT 7300	DATE 04/11/03	PAYMENT NO 1645681
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PAYMENT AMOUNT
\$ 6,230.00

DO NOT CASH

AGENCY DOCUMENT NO
V008194

LEE COUNTY
SIX MILE CYPRESS PKY
14752 BEN PRATT
FORT MYERS FL 33912

RECEIVED BY
DATE
AMOUNT

PLEASE DIRECT QUESTIONS TO: (850) 488-6409, DEPARTMENT OF COMMUNITY AFFAIRS

VENDORS NOW CAN VIEW PAYMENT INFORMATION AT [HTTP://FLAIR.DBF.STATE.FL.US](http://FLAIR.DBF.STATE.FL.US)

INVOICE NUMBER	AMOUNT
6	\$ 6,230.00

DETACH CAREFULLY AND RETAIN FOR YOUR RECORDS BEFORE CASHING OR DEPOSITING THE WARRANT

FLAIR ACCOUNT CODE: 52-202339047-52600300-00-10210500
SWDN: D3000538970
ADN: V008194
OBJECT: 7300
DATE: 04/11/03
WARRANT NO: 1645681
63-69 630

OLO 520000 SITE 00 CONTACT (850) 488-6409 FOR PAYMENT QUESTIONS

VOID AFTER 12 MONTHS



STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES

4-657 526

PAY

AMOUNT

SIX-THOUSAND-TWO-HUNDRED-THIRTY & 00/100 DOLLARS

\$***6,230.00**

TO THE ORDER OF:

LEE COUNTY
SIX MILE CYPRESS PKY
14752 BEN PRATT
FORT MYERS FL 33912

VENDOR ID NUMBER

EXPENSE WARRANT

TO: DIVISION OF TREASURY
TALLAHASSEE

Tom Galley
CHIEF FINANCIAL OFFICER

⑈34164568106⑈

⑈063000694⑈

⑈42⑈



1393 Tropical Storm Gabrielle

Initial Payment: N

Payment #: 6

DEPARTMENT OF COMMUNITY AFFAIRS
PA REQUEST FOR PAYMENT

Applicant ID: 071-99071-00

Originating Division: Emergency Management

Make Warrant Payable To: Lee County

Mailing Address: 2665 ORTIZ AVENUE
Fort Myers, FL 33905

Contract No: 02RM-*2-09-46-01-039

Warrant Amount: \$6,230.00

TR: 70 ENC #: EG50505 LINE #: 0002 For Consultant Contracts

* ORG Level: 52600308 * EO: *3 OBJ Code: 730000 Hand Written Entries:

Final Payment Indicator: N

CF: Description: FEMA-1393-DR-FL

Amount: \$6,230.00

SAMAS Acct #:

FEID F59-6000702 - 021

Voucher No:

Line No.:

Ben Obj:

Ben Cat:

* Grant No: TS058

Contract No.:

FID: 2-339047/102105

By: Miko Bobrowskie

Date: 03/25/2003

Trans Date: 000000

Applicant's Agent:

Digitally signed by Michael Bobrowskie
cn=Michael Bobrowskie, ou=dca, o=state of florida,
c=US Date: 2003.03.25 09:15:26
-05'00' Reason: <none> Location:

Mail Check: N

Digitally signed by Antionette Norton
cn=Antionette Norton, ou=pk, ou=dca, o=state
of florida, c=US
Date: 2003.04.07
09:18:19 -05'00'
Reason: document
received
Location: tallahassee

Approved:

Approval Date: 03/25/2003

Digitally signed by Frank Koutnik
cn=Frank Koutnik, ou=DCA, o=state of florida,
c=US
Date: 2003.04.04 14:04:32 -05'00'
Reason: I am signing this for W. Craig Fugate,
Director, Florida Division of Emergency
Management
Location: Tallahassee, FL



Emergency Reimbursement System

*** APPLICANT WORKSHEET ***

03/25/2003

Page: 1

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Applicant Name: Lee County
Address: 2665 ORTIZ AVENUE

Applicant ID: 071-99071-00

Fort Myers, FL . 33905

DCA Agreement Number: 02RM-*2-09-46-01-039

Payment Number: 6

FEID Number: 59-6000702

Small Projects (100%) _____
Large Projects _____

FEDERAL	STATE
0.00	0.00
0.00	6,230.00

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Cost Expended (100%) _____

Cost Incurred * _____

Contracts Let * _____

Total Advance _____

* = Maximum Two Weeks Paid



Total Amount Approved _____
Administrative Cost _____
Less 5% _____
Approved For Payment _____
Actual Voucher Amount _____
Adjustment _____

FEDERAL	STATE
0.00	6,230.00
0.00	
0.00	
0.00	6,230.00
0.00	6,230.00
0.00	0.00

Contact Person: David Saniter

Phone: (239)477-3600

SIGNATURES

Grant Manager

03/25/2003

Miko Bobrowskie

Digitally signed by
Michael
Bobrowskie, cn=Michael
Bobrowskie, ou=dca,
o=state of florida,
c=US, Date: 2003.03.25
09:13:58 -05'00' Reason:
<none> Location:

Reviewer

Amanda L. Franklin

Digitally signed by Amanda
Franklin
cn=Amanda Franklin, ou=dca,
o=state of florida, c=US,
Date: 2003.04.02 14:58:40
-05'00'
Reason: The RFP has been
reviewed for correct disaster
coding.
Location: Tallahassee, Florida

P.A. Administrator

Digitally signed by
Dennis Smith, cn=Dennis
Smith, ou=plk, ou=dca,
o=state of florida,
c=US, Date: 2003.04.03
09:27:19 -05'00' Reason:
I am approving this
document Location:

Applicant ID: 071-99071-00

*** APPLICANT WORKSHEET ***

11/11/2011 10:00 AM

Payment Number: 6

DSR/PW	Version	Category	Supp #	DSR Type	Eligible DSR Amount	Amount To Be Paid
534	1	G	34	LARGE	49,840.00	6,230.000
					<u>49,840.00</u>	<u>6,230.000</u>

DATE: 03/03/2003

FEDERAL EMERGENCY MANAGEMENT AGENCY
PROJECT APPLICATION SUMMARY (P.2)
DISASTER #: 1393

PACKAGE NO: 34

P.A. ID: 071-99071-00 APPLICANT: LEE COUNTY

PW#	VSN	CAT	INF	COST SHR	PROJECTED COMPL DATE	APPROVED PW AMOUNT
534	1	G	N	N	03/28/2003	\$49,840.00

Site Number: 1

DAMAGED FACILITY: BONITA PUBLIC BEACH

LOCATION: LEE COUNTY, BETWEEN FDEP REFERENCE MONUMENTS R-226 AND R-230

FACILITY LOCATION:

SCOPE OF WORK:

TO RESTORE THE BEACH, AND GROINS TO PRE-DISASTER CROSS SECTION PLACEMENT OF 2,000 CY OF SAND, 280 OF AMOR ROCK, AND REMOVAL OF 60 T OF DEBRIS IS REQUIRED. TO ESTIMATE THE COST OF BEACH RESTORATION, AN UNIT COST OF \$20.00 PER/CY OF SAND (USING AN INLAND BORROW AREA), PLUS 25% FOR MOBILIZATION AND DEMOBILIZATION, AND 7% FOR ENGINEERING AND DESIGN SERVICES, WERE USED. HOWEVER, THE ACTUAL COST OF THIS PROJECT WILL BE DETERMINED BY BID PROCESS.**VERSION 1 - PW VERSION 1 COMMENTS: PW VERSION 0 WAS DENIED BASED UPON TAC COMMENTS 5/8/02. HOWEVER THE TAC RECOMMENDED RECONSIDERATION OF THE GROIN REPAIR AND DEBRIS REMOVAL COSTS IN A REVISED PW PENDING ADDITIONAL INFORMATION FROM SUBGRANTEE THAT GROINS WERE INSTALLED AS PER DESIGN AND HAD NOT BEEN DAMAGED PRIOR TO THE STORM. SUBGRANTEE HAS provided DOCUMENTATION THAT THE GROINS WERE INSTALLED ACCORDING TO DESIGN AND PERMITTING AS CERTIFIED TO STATE BY REGISTER ENGINEER WHO INSPECTED THE PROJECT. ALSO, SUBGRANTEE PROVIDED AERIAL PHOTOGRAPHY TAKEN JUST PRIOR TO THE GABRIELLE EVENT THAT SHOWS THAT THE INSTALLED GROINS WERE UNDAMAGED. ACCORDINGLY, SUBMITTED PW VERSION 1 RECOMMENDS APPROVAL OF THE GROIN REPLACEMENT AND DEBRIS REMOVAL COSTS AS PER ATTACHED QUOTATION FOR ESTIMATED COSTS. SUBGRANTEE IS APPEALING THE DENIAL OF THE BEACH RESTORATION COSTS, WHICH UPON SUCCESSFUL APPEAL, WILL BE COVERED IN A SUBSEQUENT PW VERSION.

	1 PW	\$ AMOUNT ELIGIBLE	\$ FEDERAL SHARE
PWs:		\$49,840.00	\$37,380.00
SUBGRANTEE ADMIN EXP:		\$996.80	\$996.80
TOTAL:		\$50,836.80	\$38,376.80
GRAND TOTAL:	1 PW		

	\$ AMOUNT ELIGIBLE	\$ FEDERAL SHARE	
PWs:	\$49,840.00	\$37,380.00	
SUBGRANTEE ADMIN EXP:	\$996.80	\$996.80	GRANTEE
TOTAL:	\$50,836.80	\$38,376.80	ADMIN EXP: \$191.88

APPROVED BY: ROBERT MAIR III
DISASTER RECOVERY MANAGER

DATE: 02/19/2003

FLORIDA DIVISION OF EMERGENCY MANAGEMENT

Request for Advance or Reimbursement for Public Assistance Funds

SUBGRANTEE NAME: LEE COUNTY DEC NO: _____
 ADDRESS: P.O. Box 398-FORT MYERS, FL 33902-0398 PAID NO: 071-990-71-00
 PAYMENT NO: _____ DCA AGREEMENT NO: 02-RM-#2-09-46-01-039

DSR# CATEGORY % COMPLETE	DSR ELIGIBLE AMOUNT	PREVIOUS PAYMENTS	CURRENT REQUEST	DCA USE ONLY	
				APPROVED FOR PAYMENT	COMMENTS
DSR# <u>534-1</u> 544-P CATEGORY <u>G</u> % COMPLETE <u>0</u>	<u>\$ 49,840.00</u>			<u>37,380.00</u> <u>6,230.00</u>	<u>federal share</u> <u>state share</u>
DSR# _____ CATEGORY _____ % COMPLETE _____					
DSR# _____ CATEGORY _____ % COMPLETE _____					
DSR# _____ CATEGORY _____ % COMPLETE _____					
DSR# _____ CATEGORY _____ % COMPLETE _____					

TOTAL CURRENT REQUEST \$ 49,840.00

I certify that to the best of my knowledge and belief the above accounts are correct and that all disbursements were made in accordance with all conditions of the DCA agreement and payment is due and has not been previously requested for these amounts.

SUBGRANTEE SIGNATURE: David J. Santer
 NAME AND TITLE: DAVID J. Santer DATE: 3/20/03
Emergency Programs Manager

TO BE COMPLETED BY DEPARTMENT OF COMMUNITY AFFAIRS (DCA)	
APPROVED FOR PAYMENT	\$ <u>37,380.00</u> <u>6,230.00</u> <small>Federal Share State Share</small>
ADMINISTRATIVE COST	\$ <u>996.80</u> <u>-0-</u>
TOTAL PAYMENT	\$ <u>38,376.80</u> <u>6,230.00</u>

Digitally signed by Frank Koutnik
 cn=Frank Koutnik, ou=DCA, o=state of florida, c=US
 Date: 2003.04.04 14:05:01 -0500
 Reason: I am signing this for W. Craig Fugate,
 Director, Florida Division of Emergency Management
 Location: Tallahassee, FL

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
REMITTANCE ADVICE

4-665 872

THIS IS NOT A PAYMENT DEVICE

FLAIR ACCOUNT CODE 52-202750001-52600300-00-10210500	OLO 520000	SITE 00	DOCUMENT NUMBER D3000538975	OBJECT 7300	DATE 04/14/03	PAYMENT NO 1653921
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PAYMENT AMOUNT
\$ 38,376.80

DO NOT CASH

AGENCY DOCUMENT NO
V008199

LEE COUNTY
SIX MILE CYPRESS PKY
14752 BEN PRATT
FORT MYERS FL 33912

PLEASE DIRECT QUESTIONS TO: (850) 488-6409, DEPARTMENT OF COMMUNITY AFFAIRS

VENDORS NOW CAN VIEW PAYMENT INFORMATION AT [HTTP://FLAIR.DBF.STATE.FL.US](http://FLAIR.DBF.STATE.FL.US)

INVOICE NUMBER	AMOUNT
5	\$ 38,376.80

DETACH CAREFULLY AND RETAIN FOR YOUR RECORDS BEFORE CASHING OR DEPOSITING THE WARRANT



FLAIR ACCOUNT CODE: 52-202750001-52600300-00-10210500
SWDN: D3000538975
ADN: V008199
OBJECT: 7300
DATE: 04/14/03
WARRANT NO: 63-69 1653921 630

OLO 520000 SITE 00 CONTACT (850) 488-6409 FOR PAYMENT QUESTIONS

VOID AFTER 12 MONTHS

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES

4-665 872

PAY

AMOUNT

THIRTY-EIGHT-THOUSAND-THREE-HUNDRED-SEVENTY-SIX & 80/100 DOLLARS

\$**38,376.80**

TO THE ORDER OF:

LEE COUNTY
SIX MILE CYPRESS PKY
14752 BEN PRATT
FORT MYERS FL 33912

VENDOR ID NUMBER

EXPENSE WARRANT

TO: DIVISION OF TREASURY
TALLAHASSEE

Tom Jolley
CHIEF FINANCIAL OFFICER



1393 Tropical Storm Gabrielle

Initial Payment: N

Payment #: 5

DEPARTMENT OF COMMUNITY AFFAIRS
PA REQUEST FOR PAYMENT

Applicant ID: 071-99071-00

Originating Division: Emergency Management

Make Warrant Payable To: Lee County

Mailing Address: 2665 ORTIZ AVENUE
Fort Myers, FL 33905

Contract No: 02RM-*2-09-46-01-039

Warrant Amount: \$38,376.80

TR: 70 ENC #: EG50505 LINE #: 0001 For Consultant Contracts

* ORG Level: 52600308 * EO: *2 OBJ Code: 130000 Hand Written Entries:

Final Payment Indicator: N

CF: Description: FEMA-1393-DR-FL

Amount: \$38,376.80

SAMAS Acct #:

FEID: F59-6000702 - 021

Voucher No:

Line No.:

Ben Obj:

Ben Cat:

* Grant No: TF058

Contract No.:

FID: 2-750001/102105

By: Miko Bobrowskie

Date: 03/25/2003

Trans Date: 000000

Applicant's Agent:

Digitally signed by Michael Bobrowskie
cn=Michael Bobrowskie, ou=dc=state of florida, c=US
Date: 2003.03.25 09:18:07 -05'00'
Reason: <none> Location:

Mail Check: N

Digitally signed by Antionette Norton
cn=Antionette Norton, ou=pk, ou=dca, o=state of florida, c=US
Date: 2003.04.07 08:30:57 -05'00'
Reason: document received
Location: tallahassee

Approved:

Digitally signed by Frank Koutnik
cn=Frank Koutnik, ou=DCA, o=state of florida, c=US
Date: 2003.04.04 14:01:39 -05'00'
Reason: I am signing this for W. Craig Fugate, Director, Florida Division of Emergency Management
Location: Tallahassee, FL

Approval Date: 03/25/2003



Emergency Reimbursement System

* APPLICANT WORKSHEET *

03/25/2003

Page: 1

Disaster : 1393 Tropical Storm Gabrielle

Applicant Name: Lee County
Address: 2665 ORTIZ AVENUE

Applicant ID: 071-99071-00

Fort Myers, FL . 33905

DCA Agreement Number: 02RM-*2-09-46-01-039

Payment Number: 5

FEID Number: 59-6000702

Small Projects (100%) _____

Large Projects _____

FEDERAL	STATE
0.00	0.00
37,380.00	0.00

ITEMIZATION OF LARGE PROJECTS

Cost Expended (100%) _____

Cost Incurred * _____

Contracts Let * _____

Total Advance _____

* = Maximum Two Weeks Paid

Total Amount Approved _____

Administrative Cost _____

Less 5% _____

Approved For Payment _____

Actual Voucher Amount _____

Adjustment _____

FEDERAL	STATE
37,380.00	0.00
996.80	
0.00	
38,376.80	0.00
38,376.80	0.00
0.00	0.00

Contact Person: David Saniter

Phone: (239)477-3600

SIGNATURES

Grant Manager

03/25/2003

Miko Bobrowskie

Digitally signed by Michael Bobrowskie, cn=Michael Bobrowskie, ou=dca, o=state of florida, c=US Date: 2003.03.25 09:17:03 -05'00' Reason: <none> Location:

Reviewer

Amanda L. Franklin

Digitally signed by Amanda Franklin, cn=Amanda Franklin, ou=dca, o=state of florida, c=US Date: 2003.04.02 14:46:12 -05'00' Reason: The RFP has been reviewed for correct disaster coding. Location: Tallahassee, Florida

P.A. Administrator

Digitally signed by Dennis Smith, cn=Dennis Smith, ou=pxl, ou=dca, o=state of florida, c=US Date: 2003.04.03 09:26:15 -05'00' Reason: I am approving this document Location:

Applicant ID: 071-99071-00

*** APPLICANT WORKSHEET ***

1393 Tropical Storm Gabrielle

Payment Number: 5

DSR/PW	Version	Category	Supp #	DSR Type	Eligible DSR Amount	Amount To Be Paid
534	I	G	34	LARGE	<u>49,840.00</u>	<u>37,380.000</u>
					49,840.00	37,380.000