| (| | | Board Of Item Sumr | County Comn | nissioners | Blue Sheet I | No: 20031398 |
|--|--|--|---|--|--|--|---|
| 1. REQUES | TED MOTIO | N | | | | | |
| | | | | | | May 31, 2004, for Contra Development (DIAD). | ct C-1818 between |
| WHY ACTIO complete its co | | | | tension is techr | nical in natu | re and the additional time | will allow DIAD to |
| WHAT ACTION MONEY for cons | | | | grant award ag | reements wi | ith the grant recipient DIA | D who will use the |
| 2. DEPARTI | | |)4 | 141 | 7 | 3. MEETING DATE: | 09-2002 |
| 4. AGENDA: | SION DISTR | | REMENT | //PURPOSE: | | UESTOR OF INFORMA | 09-2003 |
| 4. AGENDA. | | (Specify | | TORTOSE. | U. KEQ | CESTOR OF INFORME | AHOIN. |
| X CONSEN | | ST | ATUTE | | A. COI | MMISSIONER | N/A |
| | STRATIVE | | RDINANC: | | 1 | | nunity Development |
| APPEAL | S | | OMIN. CO | | C. DIV | | Planning |
| PUBLIC WALK C |) NT | | ` | P Grant Award) ive Partnership | BY: | Paul O'Connor, AICP, P | |
| | EQUIRED: | State nou | sing initiat | ive raimeismp | | I feel down | ~~~ |
| 7. BACKGR | | | | | | | |
| The total SHIP grant award agr because DIAD Staff recommer | award for C-1 reement that exencountered nodes that this exencely completions. | housing units 818 (Year 3 or expires on Decrinor weather extension be groun of this project required above | of the three ember 31, related del anted becarect and ful ove those a | -year project) is 2003. DIAD is ays. use: 1) it is in co fillment of the t | \$100,000. requesting | SHIP funds over a three-y The terms of the award ar an extension of this deadli with the SHIP rules and reg grant award agreement. | re spelled out in ne to May 31, 2004 |
| o. <u>marade</u> | AVIETY I REC | | | OMMENDED A | APPROVA | I . | |
| Δ | В | С | D D | E | штаота | <u></u> - | G |
| Department Director | Purchasing or Contracts | Human Resources | Other | County Attorney | | udget Services Mov 11 20/03 | County Manager |
| Manfibi | | N/A | N/A | Wasters C | 9A 18,2 1 20/03 | OM Risk GC/ | Webs |
| 10. COMMISSION ACTION: APPROVED DENIED DEFERRED OTHER | |) RED | Rec. by Date: Time: Farmanda | COALEY DO DO TO: TO: | COUNTY ADM 11/20/ 3'46 p. COUNTY ADM FORWARDED | MIN: (2) 0 ? | |

AMENDMENT TO THE AGREEMENT BETWEEN THE LEE COUNTY BOARD OF COUNTY COMMISSIONERS AND DUNBAR INDUSTRIAL ACTION DEVELOPMENT (DIAD)

WITNESSETH:

WHEREAS, the referenced Parties to Contract No. C-1818 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:
 - Construction of 4 single family homes for 4 low income home buyers to be completed by <u>May 31, 2004</u> December 31, 2003.

| The Partie | s hereby ex | ecuted this | Amendment on | , 2003 |
|------------|-------------|-------------|--------------|--------|
| | | | | |

| CHARLIE GREEN, CLERK | BOARD OF COUNTY COMMISSIONERS LEE COUNTY, FLORIDA |
|---|--|
| BY DEPUTY CLERK | BY: Jereja Dronens CHAIRMAN |
| Witness (Signature) Paralo (Boulo Witness (Name, Address) Witness (Name, Address) Witness (Signature) | BY: Mulhile! DIAD (Dunbar Industrial Action Development) Title: Lafecuture Director FEIN#: 59-2807416 |
| Witness (Name, Address) 3901 DV. Martin Luthuc King, Ju Frmyck, Fe 33816 | e. Blud |
| | APPROVED AS TO FORM OFFICE OF COUNTY ATTORNEY |
| | BY: Lee County Attorney's Office |
| | |

| A | CO | RD. CERTIFIC | ATE OF LIABIL | ITY INSUR | ANCE | OPID AL DUNBA-2 | DATE (MM/DD/YYY) 11/10/03 |
|------------------------|----------------|---|--|---------------------|-------------------------------|---|--|
| 614 | Cox | unty Insurance Agend Lonial Blvd | ·Y | ONLY AND HOLDER. | O CONFERS NO THIS CERTIFIC | SUED AS A MATTER O RIGHTS UPON THE CI ATE DOES NOT AMEN AFFORDED BY THE PO | FINFORMATION ERTIFICATE D. EXTEND OR |
| | | ers FL 33907 39-939-1400 Fax:2 | 39-939-3813 | INSURERS | AFFORDING CO | VERAGE | NAIC # |
| INSURED | | | | | | ul- Atlanta | - 1 |
| | | Destar To Juntaria 1 | | [* | | re & Marine/MN | |
| | | Dunbar Industrial I Development, Inc 3901 Martin Luther | action | INSURER C: | | | |
| | | 3901 Martin Luther Ft Myers FL 33916 | 119 | INGURER D: | | | |
| WE. | RAG | | | INSURER E | ···· | <u></u> | <u> </u> |
| THE I | POLIC REQUI | IES OF INSURANCE LISTED BELC REMENT, TERM OR CONDITION O | W HAVE BEEN ISSUED TO THE IS OF ANY CONTRACT OR OTHER DC BY THE POLICIES DESCRIBED HI HAVE BEEN REDUCED BY PAID | DOUMENT WITH RESPEC | ヘエ アクンはんばかい エレルク | CEDÎLÎNATE MAY DE LOOK | EO OD |
| ADD | 'L' | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE | POLICY EXPIRATION | | |
| 11.52 | | NERAL LIMEDLITY | , OLIG ; HOMBER | DATE (MM/DD/YY) | DATE (MMODRYY) | EACH OCCURRENCE | s 1,000,000 |
| X | x | COMMERCIAL GENERAL LIABILITY | BL01562352 | 11/25/03 | 11/25/04 | DAMAGE TO RENTED | 300,000 |
| | | CLAIMS MADE X OCCUR | | ,, | 11,25,04 | PREMISES (Ea occurence) MED EXP (Any one person) | \$ 10,000 |
| | | | | | 1 | PERSONAL & ADVINJURY | \$1,000,000 |
| | _ | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | GEN | POLICY PRO- LOC | | | | PRODUCTS - COMP/OF AGG | \$ 2,000,000 |
| | AUT | OMOBILE LIABILITY ANY AUTO | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | ALL OWNED ALTOS | | | | BODILY INJURY (Perperado) | s |
| | | HIRED AUTOS NON-OWNED AUTOS | | | | BODILY KUURY (Per accident) | \$ |
| | | | | | | PROPERTY DAMAGE (Per accident) | 3 |
| | CAR | ace lability | | | | AUTO ONLY- EA ACCIDENT | S |
| | - | ANY AUTO | | | | OTHER THAN EAACC | \$ |
| | EXC | ESSIUMBRELLA LIABILITY | | | | EACH OCCURRENCE | \$ _{\$} |
| | | OCCUR CLAIMS MADE | | | | AGGREGATE | \$ |
| | L | | | | | 71991 | 5 |
| | | DEDUCTIBLE | | | | |] \$ |
| | | HETENTION \$ | | _ | | | s |
| | | Comperisation and S' Liability | | | | WC STATU OTH- TORY LIMITS ER | |
| ΔMY | PROPE | TETOR/PARTNER/EXECUTIVE | | | | E.L. EACH ACCIDENT | \$ |
| OFF | CERME | EMDER EXCLUDED? terunder | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| SPE | CIALPR | CYISIONS below | | | ···· | E.L. DISEASE - POLICY LIMIT | \$ |
| Crime D&O Liability | | | 406CF3414 | 10/09/03 | 10/09/06 | Crime | 350,000 |
| RIPT) | ON OF C | LADILITY PERATIONS / LOCATIONS / VEHICLES / EX | 297 COLUSIONS ADDED BY ENDORSEMENT / S | 03/19/03 | 03/19/04 | D&O Liab | 1,000,000 |
| : C | ount | ty Board of County (Liability, | Commissioners is lis | ted as Additio | onal Insure | d for | |
| TIF | CAT | E HOLDER | | CANCELLATI | ON | | |
| | | | LEECO | | | OLICIES BE CANCELLED BEFORE | THE EXPIRATION |
| | | EE COUNTY BOARD OF | | ŧ | IE ISSUNG INSUREA WIL | | 1.0 days waitten |
| | | COMMISSIONERS | | Į | | HED TO THE LEFT, BUT FAILURE T | · |
| | | CISK MANAGEMENT O BOX 398 | | 1 | | NY KIND UPON THE INSURER, ITS | |
| | | T MYERS FI, 33902 | | REPRESENTATIVES | | en mouran, 110 | |
| | - | | | | | | |
| | | | | AUTHORIZED REPRE | ENTRYE! | | |

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or after the coverage afforded by the policies listed thereon.