

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

Blue Sheet No. 20060062

1. ACTION REQUESTED/PURPOSE: Authorize: 1) an amendment to contract C-3073 between the BoCC and Renaissance Manor Inc. to show project scope is for one duplex, 2) transfer \$35,000 in SHIP funds to Lee County Department of Human Services for affordable housing rehabilitation and 3) amendments to two contracts between the BoCC and the Bonita Springs Housing Development Corporation to cover construction cost increases as follows:

- Contract C-2604 increase by \$70,000 to \$350,000 in SHIP funds
- Contract C-2832 increase by \$30,000 to \$150,000 in SHIP funds

2. WHAT ACTION ACCOMPLISHES: Approval would allow for the provision of affordable housing by the rehabilitation of a house and the construction of new housing.

3. MANAGEMENT RECOMMENDATION: Approve

4. Departmental Category: 4 CYA		5. Meeting Date: 02-07-2006
6. Agenda:	7. Requirement/Purpose: (specify)	8. Request Initiated:
<input checked="" type="checkbox"/> Consent	<input type="checkbox"/> Statute	Commissioner N/A
<input type="checkbox"/> Administrative	<input type="checkbox"/> Ordinance	Department Community Development
<input type="checkbox"/> Appeals	<input type="checkbox"/> Admin. Code	Division Planning
<input type="checkbox"/> Public	<input checked="" type="checkbox"/> Other	By: Paul O'Connor, AICP, Planning Director
<input type="checkbox"/> Walk-On		POC 01/19/06

9. Background: Under contract C-3073 Renaissance Manor has been awarded \$209,109 in SHIP funds for the construction of one duplex for persons with special needs. Due to a mistake the project scope calls for the construction of 2 duplexes, this proposed amendment to contract C-3073 corrects that mistake.

Funds are available for transfer of \$35,000 of SHIP funds to Lee County DHS for affordable housing rehabilitation.

The Bonita Springs Housing Development Corporation is facing serious problems in the construction of new houses due to shortages and cost increases in labor and materials.

- Contract C-2604 – Currently the contract is for \$280,000 and the project scope is the construction of 9 single-family units for 3 very low, 5 low and 1 moderate households. The request is to increase this contract by \$70,000 to \$350,000 and keep the same project scope.
- Contract C-2832 – Currently the contract is for \$120,000 and the project scope is the construction of 4 single-family housing units for 1 very low, 2 low and 1 moderate-income households. The request is to increase this contract by \$30,000 to \$150,000 and keep the same project scope.

Staff recommends approval of the requests and finds that they are in compliance with the SHIP rules and regulations. Funds are available due to cancellation of contracts and recapture of SHIP funds.

SHIP funds are available and maintained in the following accounts:

- LB55405 13801 508309 S/L LB007
- LB55405 13801 508309 S/L LB008
- LB55405 13801 508302.1405 S/L LB009 upon internal transfer

Attachments: Transfer Form and Contract Amendments for C-3073, C-2604, and C-2832

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.	
Mary Gills	NA	NA		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]

11. Commission Action:

- Approved**
- Deferred**
- Denied**
- Other**

RECEIVED BY
COUNTY ADMIN: [Signature]
1-20-06
9:07
COUNTY ADMIN
FORWARDED TO: [Signature]
1/20/06 5:16

Rec. by CoAtty
Date: 1/20/06
Time: 5:00 AM
Forwarded To:
Co. mg. 1-20-06

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-2604 desire to amend the Contract pursuant to its Section I.A and I.C.

NOW, THEREFORE IN CONSIDERATION OF THE MUTUAL PROMISES STATED HEREIN, the referenced contract Section I.A and I.C. is amended as follows with new language underlined and amended language struck-through:

EXHIBIT A

1. b. The amount of funds awarded under this grant is \$350,000.00 ~~\$280,000.00~~. The Grantor is not obligated or authorized to award any funds in addition to this amount.

The Parties hereby executed this Amendment on _____, 2006.

CHARLIE GREEN, CLERK

BOARD OF COUNTY COMMISSIONERS
LEE COUNTY, FLORIDA

BY _____
DEPUTY CLERK

BY: _____
CHAIRWOMAN

Aurelia Andrade
Witness (Signature)

BY: [Signature]
Bonita Springs Area HDC

Aurelia Andrade
Witness (Name, Address)
27525 Pinecrest Ln.
Bonita Springs, FL 34135

Title: President of the Board of Directors

FEIN#: 65-0276988

[Signature]
Witness (Signature)

[Signature]
Witness (Name, Address)
[Address]

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
 ADDITIONAL INSURED
 P O BOX 398
 FT MYERS, FL 33912

INSURED:

BONITA SPRINGS AREA HOUSING
 DEVELOPEMENT CORP
 P O BOX 3189
 BONITA SPRINGS, FL 34133

TYPE OF INSURANCE	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
LIABILITY	77-80-451272-3001	09-12-05	09-12-06	
<input checked="" type="checkbox"/> Liability and Medical Expense Personal and Advertising Injury	NATIONWIDE MUTUAL FIRE INSURANCE CO.			Any One Occurrence..... \$ 1,000,000
<input checked="" type="checkbox"/> Medical Expenses				Included in Above - Any One Person or Organization ANY ONE PERSON \$ 5,000
<input checked="" type="checkbox"/> Fire Legal Liability				Any One Fire or Explosion \$ 50,000
				General Aggregate* \$ 2,000,000
				Prod/Comp Ops Aggregate* . \$ 1,000,000
<input type="checkbox"/> Other Liability				
AUTOMOBILE LIABILITY				
<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				
EXCESS LIABILITY				
<input type="checkbox"/> Umbrella Form				Each Occurrence \$ Prod/Comp Ops/Disease Aggregate* \$
STATUTORY LIMITS				
<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
 \$250000.DISHONESTY BOND INCLD

Effective Date of Certificate: 09-12-2005
 Date Certificate Issued: 09-19-2005

Authorized Representative: DOM DIBLASE AGENCY
 Countersigned at: 3401 BONITA BEACH RD.4101
 BONITA SPRINGS,FL 34134



AMENDMENT TO THE
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BOARD OF COUNTY COMMISSIONERS
LEE COUNTY, FLORIDA

BY _____
DEPUTY CLERK

BY: _____
CHAIRWOMAN

Aurelia Andrade
Witness (Signature)

BY: *[Signature]*
Bonita Springs Area HDC

Aurelia Andrade
Witness (Name, Address)
27525 Pinecrest Ln.
Bonita Springs, FL 34135

Title: President of the Board of Directors

FEIN#: 65-0276988

[Signature]
Witness (Signature)

Mary E. Green
Witness (Name, Address)
3873 Colonial Park
Estero, FL 33928

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
 ADDITIONAL INSURED
 P O BOX 398
 FT MYERS, FL 33912

INSURED:

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<input type="checkbox"/> BUSINESS AUTO				Bodily Injury (Each Person) \$ (Each Accident) \$
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 Date Certificate issued: 09-19-2005

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

