

3H18

Agenda Item #:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

Meeting Date: April 10, 2007 **Consent** **Regular**
 Ordinance **Public Hearing**

Department: Facilities Development & Operations

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to receive and file: notice of exercise of the extension option under the Lease Agreement with Bedner Farm, Inc. (R2001-0582) for continued agricultural use of approximately 246 acres located in Delray Beach for \$147,752.

Summary: On April 17, 2001, the Board approved the Lease Agreement with Bedner Farm, Inc. for their agricultural use of approximately 246 acres located between the Florida Turnpike and State Road 7/U.S. 441 in Delray Beach. The initial term of the Lease Agreement was for one year ending on May 31, 2002, with nine (9) extension options, each for a period of one (1) year. Exercise of this option will extend the term of the Lease Agreement for one year from June 1, 2007 to May 31, 2008. The annual rental cost for this extension period is \$147,752.00. Pursuant to the terms of the Lease Agreement, Bedner Farm, Inc. has the right to exercise its option and the Board has no discretionary authority to not allow the exercise of the option. All other terms and conditions of the Lease Agreement shall remain in full force and effect. Florida Statutes Section 286.23 requires that a Disclosure of Beneficial Interest be obtained when a property held in a representative capacity is leased to the County, but does not require such Disclosure in connection therewith when the County leases property to a tenant. Since the Statute does not require the Disclosure and since this is Bedner Farm, Inc.'s extension of the term of the Lease Agreement which was already approved by the Board, Staff did not request such Disclosure. (PREM) District 5 (HJF)

Attachments:

1. Location Map
2. Option to Extend Letter

Recommended By: Scott Anthony Wolf 3/18/07
Department Director **Date**

Approved By: [Signature] 3/27/07
County Administrator **Date**

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2007	2008	2009	2010	2011
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	(49,251)	(98,501)	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	(49,251)	(98,501)	=====	=====	=====
# ADDITIONAL FTE	_____	_____	_____	_____	_____
POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes X No _____

Budget Account No: Fund 1222 Dept 800 Unit 8011 RSRC 6225
 Program _____

B. Recommended Sources of Funds/Summary of Fiscal Impact:

C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development Comments:

<p><i>Edizalukh Blasen</i> 3/22/07 _____ OFMB 3/22</p>	<p><i>Jim J. Joo</i> 3/23/07 _____ Contract Development and Control 6/23/07</p>
---	--

B. Legal Sufficiency:

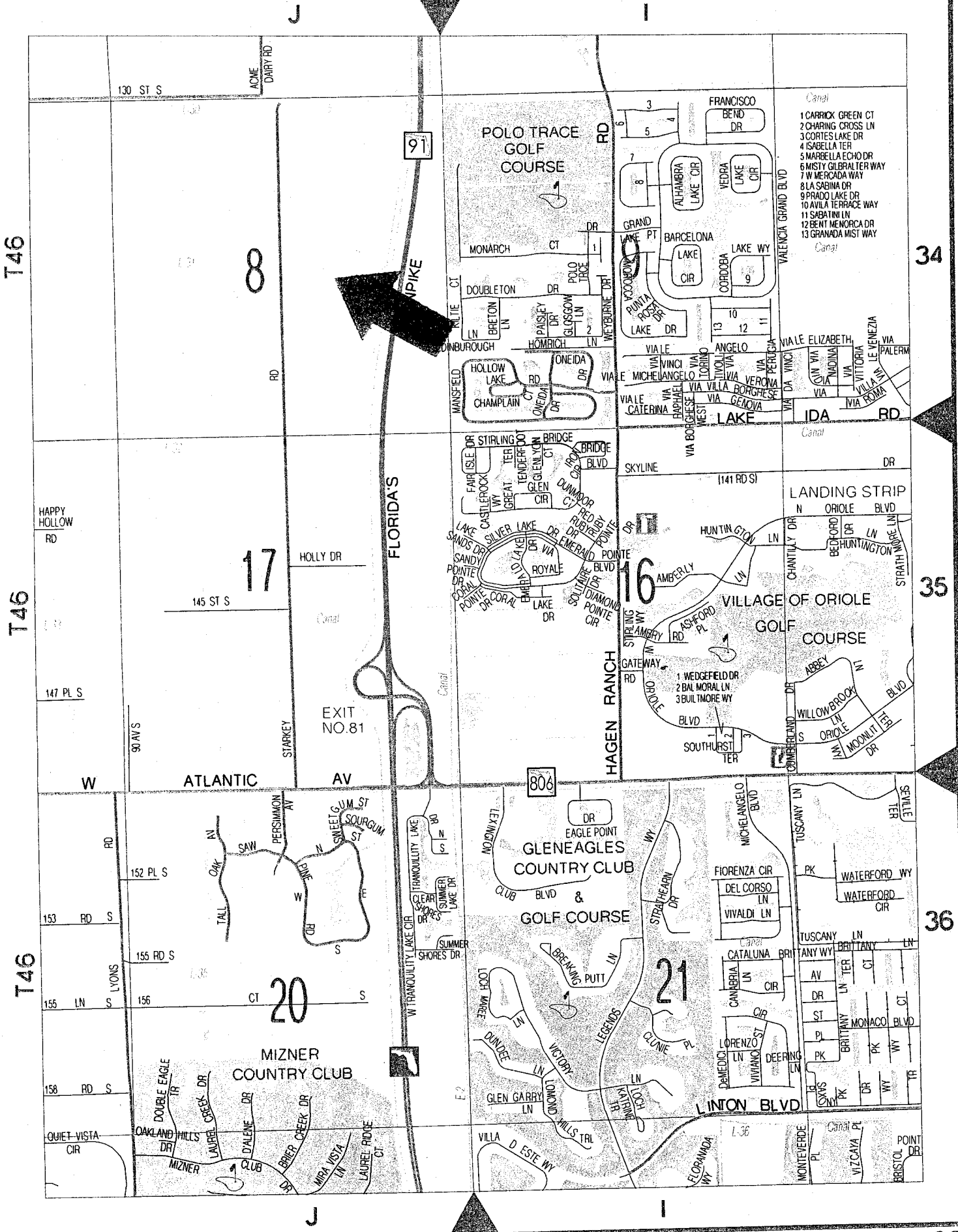
[Signature] 3/26/07

 Assistant County Attorney

C. Other Department Review:

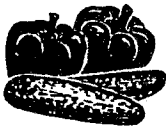
 Department Director

This summary is not to be used as a basis for payment.



LOCATION MAP
ATTACHMENT #1





BEDNER GROWERS, INC.

14186 STARKEY ROAD
DELRAY BEACH, FL 33446

(561) 499-3994 OFFICE
(561) 499-2078 SHOP
(561) 496-7123 FAX

RECEIVED

FEB 07 2007

PALM BEACH COUNTY PROPERTY & REAL ESTATE MANAGEMENT
3200 BELVEDERE ROAD, BLDG. 1169
WEST PALM BEACH, FL 33406-1544

FEBRUARY 5, 2007

ATTN; NICHOLAS LAMBIASE, JR

PLEASE BE ADVISED THIS LETTER SERVES AS BEDNER FARM, INC. NOTICE FOR THE OPTION TO RENEW THE LEASE AGREEMENT WITH PALM BEACH COUNTY.

IT IS OUR INTENT TO OCCUPY THE PREMISE FOR ANOTHER YEAR STARTING JUNE 1, 2007 TO MAY 31, 2008.

THE SEMI-ANNUAL RENT SHALL BE SUBMITTED BY THE DUE DATE OF MAY 31, 2007.

SINCERELY,

MARIE Y BEDNER
OPERATIONS MANAGER

ATTACHMENT #2

CERTIFICATE OF INSURANCE

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 LISTED BELOW.

FLORIDA FARM BUREAU INSURANCE COMPANIES P.O. BOX 147030 GAINESVILLE, FLORIDA 32614-7030	COMPANIES AFFORDING COVERAGES: Company Letter A: Florida Farm Bureau General Ins. Co. Company Letter B: Florida Farm Bureau Casualty Ins. Co.
NAME AND ADDRESS OF INSURED: BEDNER GROWERS INC AND BEDNER BROTHERS INC 14186 STARKEY RD DELRAY BEACH, FL 33446-4006	

The policies of insurance listed below have been issued to the insured named above and are in force at this time. 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.

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
					Each Occurrence	Aggregate
A	General Liability: <input checked="" type="checkbox"/> Commercial General Liability (Occurrence Form) <input type="checkbox"/> Owner's & Contractor's Protective <input type="checkbox"/> Farmer's Personal Liability	CPP 9501496	12/31/2006	12/31/2007	General Aggregate	\$ 1,000
					Products-completed operations aggregate	\$ 1,000
					Personal & Advertising Injury	\$ 500
					Each Occurrence	\$ 500
					Fire Damage (Any one fire)	\$ 50
					Medical Expense (Any one person)	\$ 5
	Automobile Liability: <input type="checkbox"/> Any auto <input type="checkbox"/> All owned autos <input type="checkbox"/> Scheduled autos <input type="checkbox"/> Hired autos <input type="checkbox"/> Non-owned autos				Combined Single Unit	\$
					Bodily Injury (Per Person)	\$
					Bodily Injury (Per Accident)	\$
					Property Damage	\$
						\$
A	Excess Liability: <input checked="" type="checkbox"/> Umbrella Form <input type="checkbox"/> Other than Umbrella form	UMC 9520833	12/31/2006	12/31/2007	\$ 2,000	\$ 2,000
	Employers Liability: <input type="checkbox"/> Farm Employer's Liability <input type="checkbox"/> Farm Employee's Medical				\$ (Each Occurrence)	\$ (Each Employee)
	Other:					\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES:

SEE FORM CG20 24 11 85
 LOSS PAYEE
 BARNs, STABLEs, OUTBUILDINGS-TYPE 3 FRAME SHOP-LIMIT OF LIABILITY \$40,000.00
 BARNs, STABLEs, OUTBUILDINGS-TYPE 1 NCII FARM EQUIPMENT BUILDING \$90,000.00

CANCELLATION: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER: PALM BEACH COUNTY PROPERTY & REAL ESTATE MGT ATTN: DIRECTOR 3200 BELVEDERE RD BLDG. 1169, WPB, FL 33406-1544

COUNTY CODE 50 DATE ISSUED 12/28/06
 Served by PALM BEACH County Farm Bureau
TOM BISHOP

 AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED — OWNERS OR OTHER INTERESTS
FROM WHOM LAND HAS BEEN LEASED**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Designation of Premises (Part Leased to You):

14186 STARKEY RD
S008 T46S R42E - 172.1 ACRES
DELRAY BEACH, FL 33446-9745

Name of Person or Organization:

PALM BEACH COUNTY
PROPERTY & REAL ESTATE MGT

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the land leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to lease that land;
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

12-28-2006

PRODUCER

FLORIDA FARM BUREAU INSURANCE COMPANY
 PALM BEACH COUNTY FL FARM BUREAU
 13121 MILITARY TRAIL
 DELRAY BEACH, FL 33484

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

COMPANIES AFFORDING COVERAGE

CODE

SUB-CODE

COMPANY LETTER **A** FFVA MUTUAL INSURANCE COMPANY

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED

BEDNER GROWERS, INC
 14186 STARKEY ROAD
 DELRAY BEACH, FL 33446-4006

COVERAGES

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
					GENERAL AGGREGATE	\$
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE \$ PRODUCTS COMP/OPS AGGREGATE \$ PERSONAL & ADVERTISING INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MEDICAL EXPENSE (Any one person) \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$	
	EXCESS LIABILITY <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$	
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WC840-0008582-2007A	1/1/2007	1/1/2008	STATUTORY \$ 500,000.00 (EACH ACCIDENT) \$ 500,000.00 (DISEASE-POLICY LIM) \$ 500,000.00 (DISEASE-EACH EMPL)	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

CERTIFICATE HOLDER

PALM BEACH COUNTY BOCC
 PROPERTY & REAL ESTATE MANAGEMENT
 ATTENTION: DIRECTOR
 3200 BELVEDERE ROAD, BUILDING 1169
 WEST PALM BEACH, FL 33406-1548

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVE

AUTHORIZED REPRESENTATIVE
TOM BISHOP

Bedner Farm, Inc.
14186 Starkey Road
Delray Beach, FL 33446
561-499-3994

February 19, 2007

The undersigned, the duly authorized President of Bedner Farm, Inc, a Florida Corporation, does hereby certify that Marie Y Bedner, Operations Manager, is authorized to execute on behalf of Bedner Farm, Inc that lease agreement #R2001-0582 between Palm Beach County and Bedner Farm, Inc. would permit Bedner Farm, Inc to use said property for agricultural purposes.

Dated as of the 17th of April, 2001.



Stephen W Bedner
President