

3H-10

Agenda Item #:

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Meeting Date: June 17, 2008 [X] 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 Bedner Farm's continued agricultural use of approximately 246 acres located in Boynton Beach and Delray Beach.

Summary: On April 17, 2001, the Board approved the Lease Agreement with Bedner Farm, Inc. for use of approximately 246 acres located in Boynton Beach and Delray Beach, respectively. The initial term of the Lease Agreement was for one year ending on May 31, 2002, with nine (9) one (1) year extension options. On May 15, 2007, the Board approved a First Amendment to Lease (R2007-0827) providing Bedner Farm, Inc. twelve (12) additional one (1) year options to extend the term of the Lease Agreement. Exercising this seventh option will extend the term of the Lease Agreement through May 31, 2009 with a remaining balance of fourteen (14) annual extension options through May 31, 2023. The annual rental rate will be increased 9.7%, from \$147,752 to \$162,084. 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. (PREM) District 5 (HJF)

Attachments:

- 1. Location Map A
- 2. Location Map B
- 3. Option to Extend Letter

Recommended By: Ret Army Wolf 5/22/08
Department Director Date

Approved By: for WBaker 6/4/08
County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2008	2009	2010	2011	2012
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	<u>(\$54,028)</u>	<u>(\$108,056)</u>	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>(\$54,028)</u>	<u>(\$108,056)</u>	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes X No _____

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

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

Payable June 1st and January 1st

C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development Comments:

Atwellhite 6.2.08 Don J. [Signature] 6/3/08
 OFMB 6/2/08 5/22/08 Contract Development and Control
 6/3/08

B. Legal Sufficiency:

[Signature] 6/14/08
 Assistant County Attorney

C. Other Department Review:

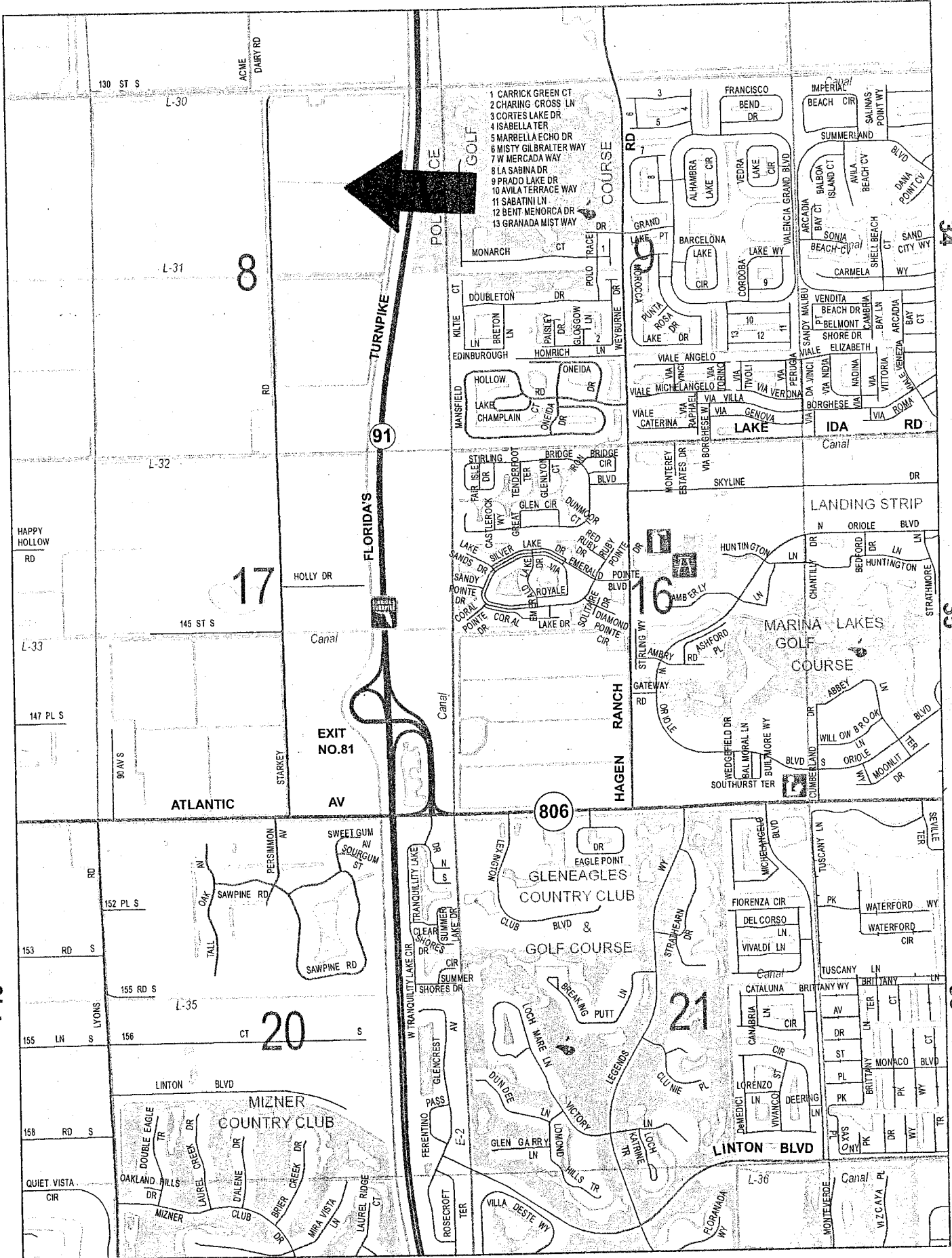
 Department Director

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

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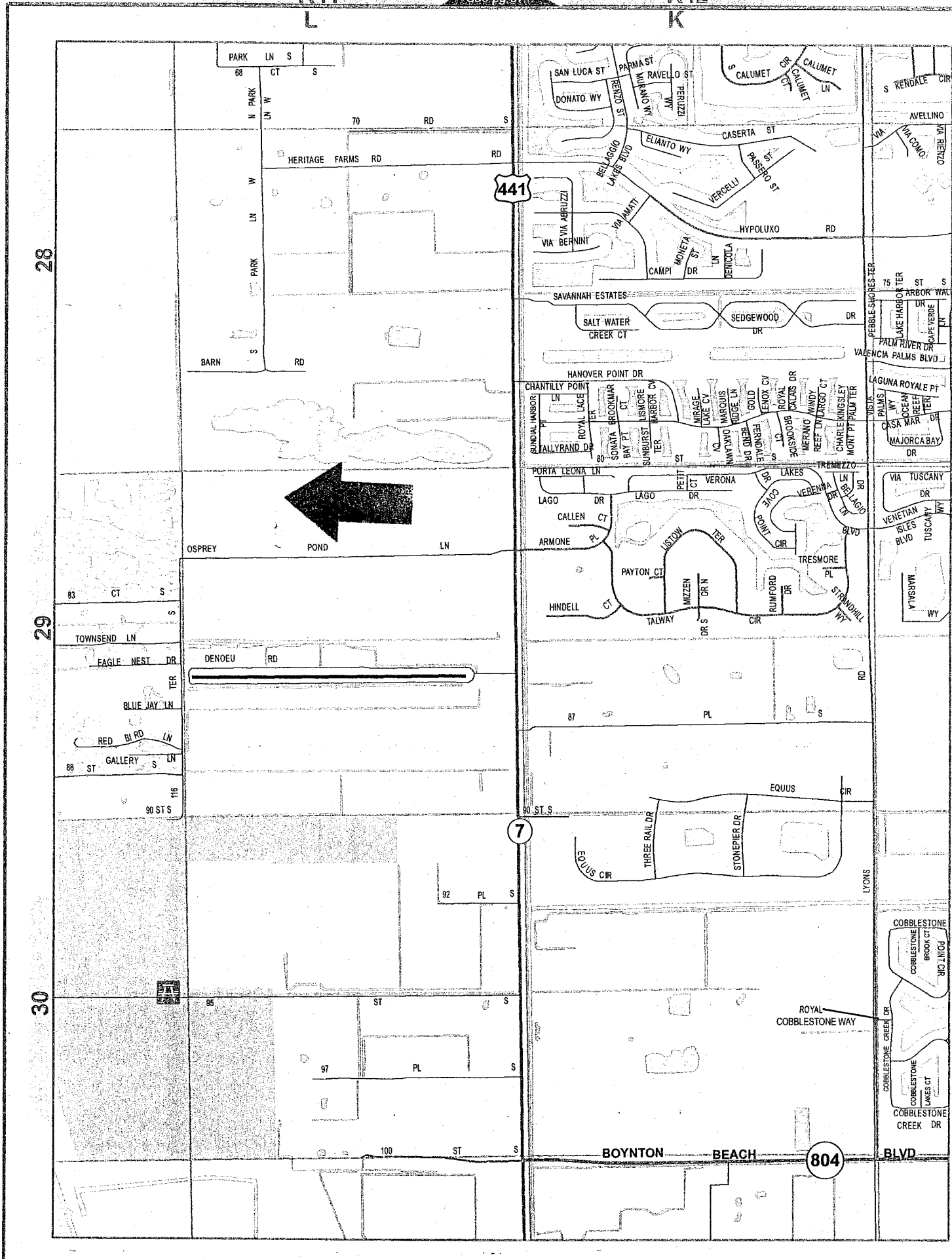


LOCATION MAP

A

ATTACHMENT # 1





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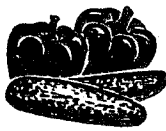
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LOCATION MAP

B

Handwritten signature or initials, possibly 'N' or 'D', written in black ink.



BEDNER GROWERS, INC.

14186 STARKEY ROAD
DELRAY BEACH, FL 33446

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

RECEIVED

Palm Beach County Property & Real Estate Management
2633 Vista Parkway
West Palm Beach, FL
33411-5605

FEB 11 2008

February 8, 2008

Attn: Nicholas Lambiase, Jr

Please be advised this letter serves as Bedner Farms, 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, 2008 to May 31, 2009.

The semi-annual rent shall be submitted by the due date of May 31, 2008.

Sincerely,

Marie Y Bedner
Operations Manager

ATTACHMENT #3

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

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	
					General Aggregate	\$ 1,000
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	CFP 9501496	12/31/2007	12/31/2008	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	12/31/2007	12/31/2008	Each Occurrence \$ 2,000	Aggregate \$ 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 CG 20 24 11 85
 LOSS PAYEE
 BARNs, STABLEs, OUTBUILDINGS-TYPE 3 FRAME FARM SHOP-LIMIT OF LIABILITY \$40,000
 BARNs, STABLEs, OUTBUILDINGS-TYPE 1 NCII FARM EQUIPMENT BUILDING-LIMIT OF LIABILITY \$90,000

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 BOCC ATTN: DIRECTOR 2633 VISTA PARKWAY WEST PALM BEACH, FL 33411

COUNTY CODE 50 DATE ISSUED 03/17/08
 Serviced 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
S017 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/17/2008

PRODUCER
TOM BISHOP
PALM BEACH COUNTY FARM BUREAU
13121 MILITARY TRAIL
DELRAY BEACH, FL 33484

THIS CERTIFICATION 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.

INSURED
BEDNER GROWERS, INC
14186 STARKEY ROAD
DELRAY BEACH, FL 33446

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: FFVA MUTUAL INSURANCE COMPANY	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$								
	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 LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY; AGG \$								
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC840-0008582-2008A	01/01/2008	01/01/2009	<table border="1"> <thead> <tr> <th>WC STATU-TORY LIMITS</th> <th>OTH-ER</th> </tr> </thead> <tbody> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 500,000</td> </tr> </tbody> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ 500,000	E.L. DISEASE - EA EMPLOYEE	\$ 500,000	E.L. DISEASE - POLICY LIMIT	\$ 500,000
WC STATU-TORY LIMITS	OTH-ER												
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

PALM BEACH COUNTY BOCC
ATTN: DIRECTOR
2633 VISTA PARKWAY
WEST PALM BEACH, FL 33411

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

TOM BISHOP