

3H-8

Agenda Item #:

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

**Meeting Date:** December 2, 2008  Consent  Regular  
 Ordinance  Public Hearing

**Department:** Facilities Development & Operations

**I. EXECUTIVE BRIEF**

**Motion and Title:** Staff recommends motion to receive and file: a notice of exercise of the second and final option to extend the term of the Agreement of Lease (R2003-1804) dated November 4, 2003, with the San Castle Community Leadership Organization Inc. for the continued use of a 700 +/- SF home at 1057 Highview Road located within unincorporated Boynton Beach at an annual rate of \$10.00/yr.

**Summary:** The San Castle Community Leadership Organization Inc. currently leases a 700 +/- SF single-family home located at 1057 Highview Road within the San Castle neighborhood in Boynton Beach, for the operation of a community center. On November 4, 2003, the Board approved the Agreement of Lease for an initial term of three (3) years ending on January 8, 2007, with two (2) extension options, each for a period of two (2) years. The first extension expires on January 8, 2009. This second and final option will extend the term of the Agreement for two (2) years, from January 9, 2009 through January 8, 2011. The annual rent for this extension period is \$10.00. The County pays for water and electric services while the Tenant is responsible for all taxes and assessments. Pursuant to the terms of the Lease, San Castle Community Leadership Organization Inc. has the right to exercise its option 90 days prior to the expiration of the original term and the Board has no discretionary authority to not allow the exercise of the option. All other terms and conditions of the Agreement remain in full force and effect.  
**(PREM) District 7 (JMB)**

**Attachments:**

- 1. Location Map
- 2. Option to Extend Letter
- 3. Budget Availability Statement

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**Recommended By:** *Ret* *Anthony Wolf* 10/31/08  
**Department Director** **Date**

**Approved By:** *[Signature]* 11/19/08  
**County Administrator** **Date**

**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2009	2010	2011	2012	2013
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>\$1,080</u>	<u>\$1,440</u>	<u>\$480</u>	_____	_____
External Revenues	_____	<u>(\$10)</u>	<u>(\$10)</u>	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<u><u>\$1,080</u></u>	<u><u>\$1,430</u></u>	<u><u>\$ 470</u></u>	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes   X   No \_\_\_\_\_

Budget Account No: Fund 0001 Dept 580 Unit 5221 Object 4301 & 4304  
 Program \_\_\_\_\_

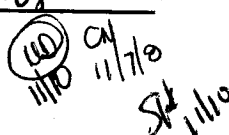
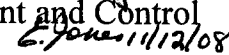
**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

Monthly Expense estimated to be \$120 (Electric charges @ \$100 month; water and sewer charges @ \$20/ month), funded from Parks' General Operating Fund.

**C. Departmental Fiscal Review:** \_\_\_\_\_

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Development Comments:**

<p><u>Atwillwhite 11.12.08</u>                  OFMB</p> <p style="margin-left: 100px;">  </p>	<p><u>Dr. J. Jacoby 11/12/08</u>                  Contract Development and Control</p> <p style="margin-left: 100px;">  </p>
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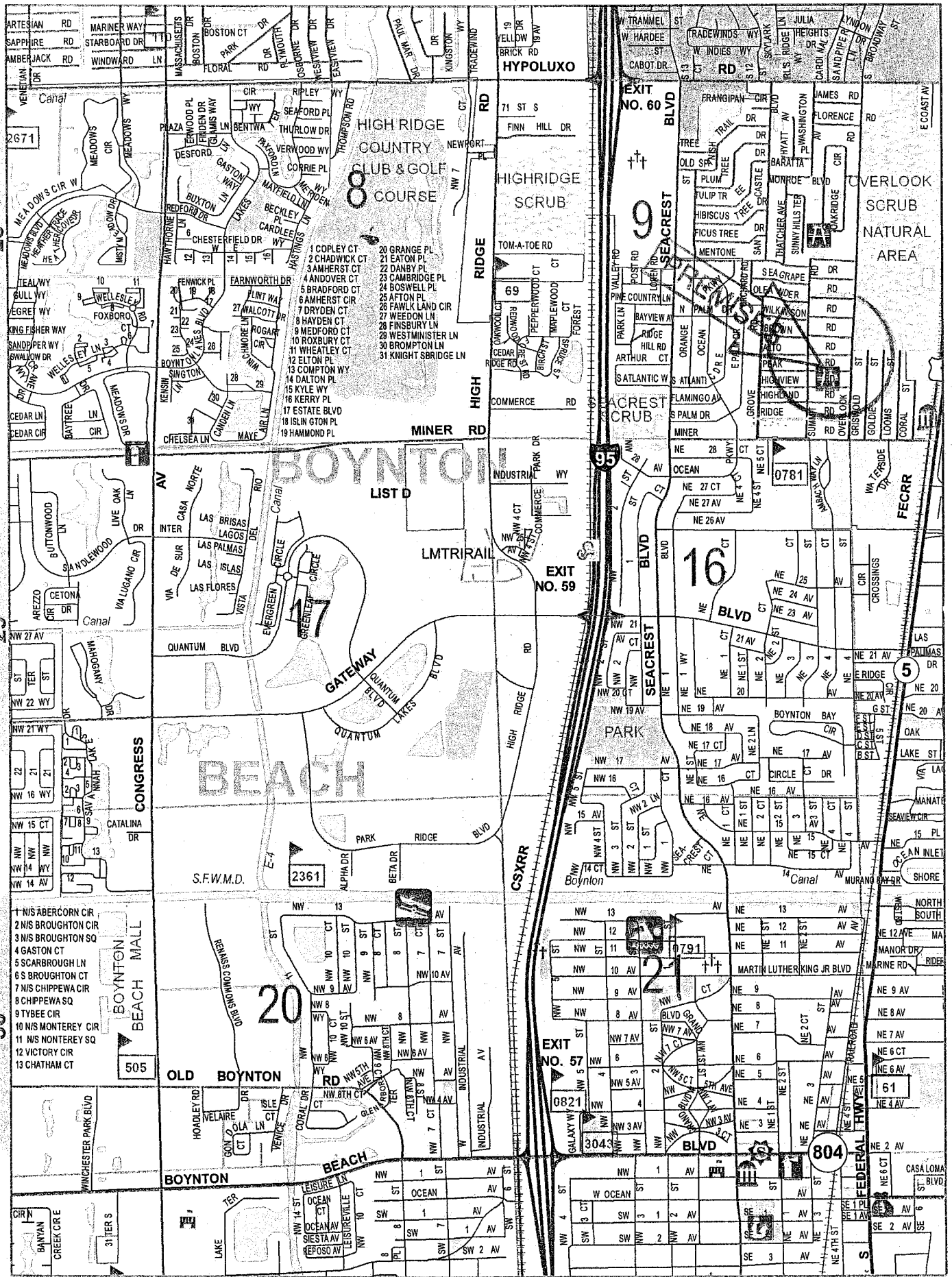
**B. Legal Sufficiency:**

James Brubaker 11/12/08  
 Assistant County Attorney

**C. Other Department Review:**

[Signature]  
 Department Director

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



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San Castle Community Leadership Inc.

RECEIVED

OCT 07 2008

Dear Ms. Javughetta

The purpose of this letter is to convey that the San Castle Community Leadership Inc. Organization

- 1.) Plans to continue to occupy the property at 1057 High View Road
- 2.) And desire to exercise the option to extend the lease agreement.

Please find enclosed a check from my personal account because I don't want to wait until I see the Treasury.

Thank S

Juana Ramos

Juana Ramos

7139 Outlook Road

Lantana, FL 33462

ATTACHMENT # 2

**BUDGET AVAILABILITY STATEMENT**

REQUEST DATE: 10/22/2008

REQUESTED BY: Martha LaVerghetta, Property Specialist, FD&O/PR&M

SENT TO: Mike Martz, Director Parks Financial and Support Services, Parks and Recreation

PROJECT NAME: San Castle Community Leadership, Option 2

IS ITEM INCLUDED IN CURRENT BUDGET: YES X NO

BUDGET ACCOUNT NUMBER

FUND: 0001 DEPT: 580 UNIT: 5221 OBJ: 4301 & 4304

FIVE YEAR SUMMARY OF FISCAL IMPACT

FISCAL YEARS	2009	2010	2011	2012	2013
CAPITAL EXPENDITURES	_____	_____	_____	_____	_____
OPERATING COSTS	<u>\$1,080.00</u>	<u>\$1,440.00</u>	<u>\$480.00</u>	_____	_____
EXTERNAL REVENUE	_____	<u>(\$10.00)</u>	<u>(\$10.00)</u>	_____	_____
PROGRAM INCOME (COUNTY)	_____	_____	_____	_____	_____
IN KIND MATCH (COUNTY)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>\$1,080.00</u>	<u>\$1,430.00</u>	<u>\$470.00</u>	_____	_____

IDENTIFY FUNDING SOURCE FOR EACH ACCOUNT: (check all that apply)

Department: PARKS AND RECREATION

- Federal/Davis Bacon
- Ad Valorem
- \_\_\_\_\_
- \_\_\_\_\_

BAS APPROVED BY: *Mike Martz* DATE: 10/27/08

ENCUMBRANCE NUMBER:

**ATTACHMENT #3**

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE OF ISSUE: 10/22/08

**PRODUCER**  
 T.B.H. Enterprises, Inc.  
 P. O. Box 30411  
 Palm Beach Gardens, FL 33420  
 561-626-0952

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.

**INSURERS AFFORDING COVERAGE**

**INSURED**  
 San Castle Community Leadership, Inc.  
 7139 Overlook Road  
 Lantana, FL 33462

INSURER A: Burlington 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.

FORM NO.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRES DATE	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	570B003052	10/28/08	10/28/09	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one day) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADY INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP OF AGG \$1,000,000 Contractual \$1,000,000
	<b>AUTOMOBILE LIABILITY</b> <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* (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>DAMAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				<input type="checkbox"/> NO STATL. <input type="checkbox"/> STATL. TORY LIMITS <input type="checkbox"/> COV-ER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
A	<b>OTHER</b> All-Risk Property Insurance	570B003052	10/28/08	10/28/09	Limit of Liability - \$10,000

**DESCRIPTION OF OPERATIONS, LOCATIONS, RISKS, EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS**  
 Additional Insured: Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents.

**CERTIFICATE HOLDER**  
 Palm Beach County  
 Board of County Commissioners  
 Z Property & Real Estate Management Division  
 Attn: Director  
 2633 Vista Parkway  
 West Palm Beach, FL 33411-5605  
 Attn: Martha Fax: 561-233-0210

**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  
 Thomas Hirsch, CIO  
 as President