

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2009	2010	2011	2012	2013
Capital Expenditures					
Operating Costs	\$ -0-	\$51,615	\$17,205	\$ -0-	\$ -0-
External Revenues					
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	\$ -0-	\$51,615	\$17,205	\$ -0-	\$ -0-
# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included in Current Budget: Yes X No

Budget Account No: Fund 0001 Dept 164 Unit 1604 Object 4410
 Program

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

Operating Costs funded from General Fund, PBSO Lease account

C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development Comments:

MC 9/1/09
 OFMB 9/14/09
 09/02/09 CN 9/11/09

Don J. Jacoby 9/18/09
 Contract Development and Control
 E. Jones 9/18/09

B. Legal Sufficiency:
[Signature] 9/18/09
 Assistant County Attorney

This item complies with the provisions of the Lease.

C. Other Department Review:

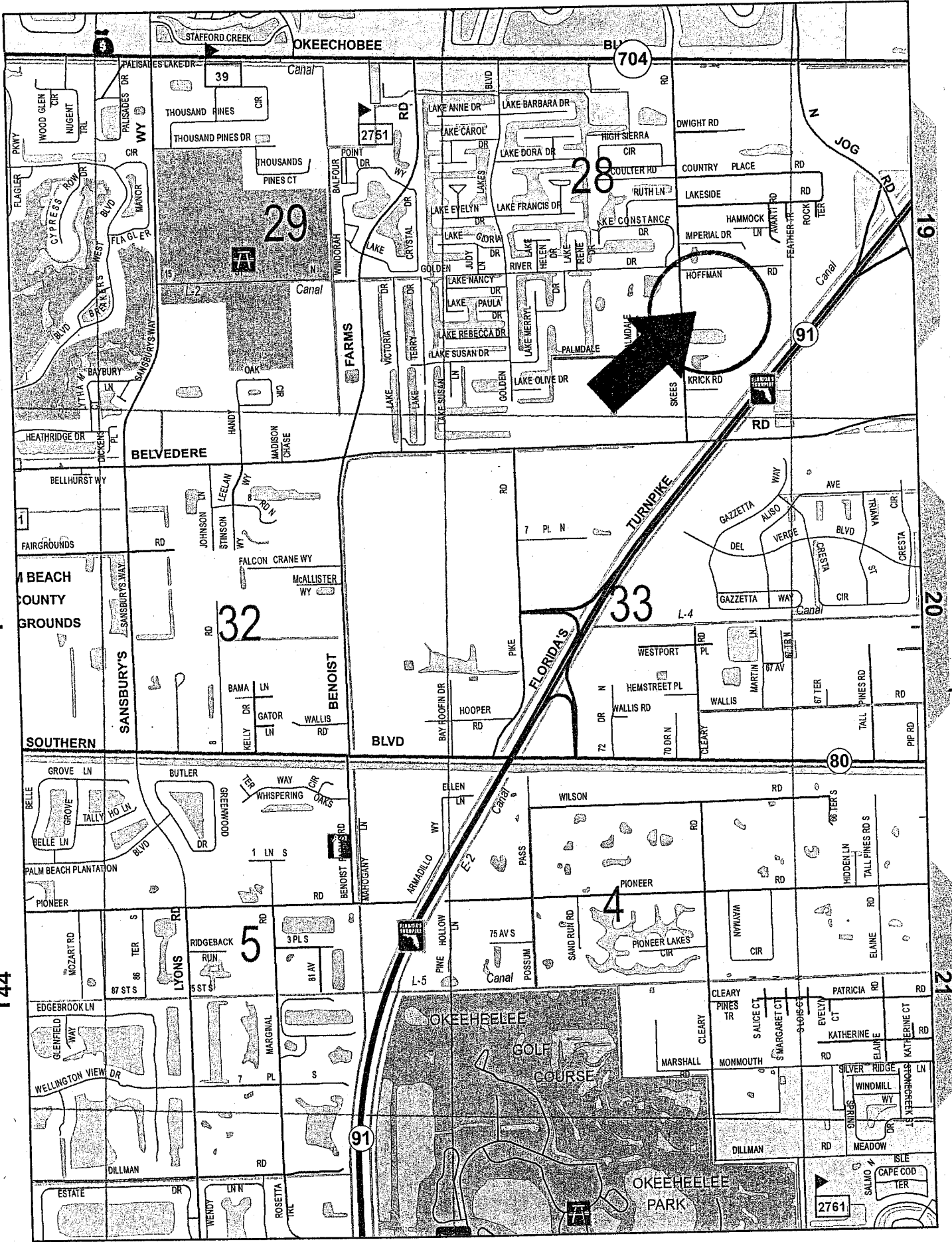
 Department Director

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

T43

T

T44



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LOCATION MAP

ATTACHMENT # 1





**Facilities Development & Operations Department
Property & Real Estate Management Division**

2633 Vista Parkway
West Palm Beach, FL 33411-5605
(561) 233-0200
FAX: (561) 233-0210
www.pbcgov.com/fdo

Palm Beach County Board of County Commissioners

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"An Equal Opportunity
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September 15, 2009

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
#7007 1490 0000 5460 4474

Aspen Skees Road, LLC
c/o Aspen Industrial
3621½ Dixie Highway
West Palm Beach, FL 33405

Re: Exercise of Option to Extend Lease Agreement (R97-2126D)
dated December 16, 1997, as amended

Dear Sir/Madam:

Pursuant to the provisions of Section 1.03 of the above referenced Lease Agreement, as amended, Palm Beach County, on behalf of the Palm Beach County's Sheriff's Office, as Lessee, is hereby exercising its option to extend the term of said Lease Agreement for an additional period of one (1) year from January 1, 2010, through December 31, 2010.

Sincerely,

ATTEST:

SHARON R. BOCK,
CLERK & COMPTROLLER

PALM BEACH COUNTY,
a political subdivision of the State of
Florida

By: _____
Deputy Clerk

By: _____
John F. Koons, Chairman

APPROVED AS TO FORM
LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND
CONDITIONS

By: _____
Assistant County Attorney

By:
Department Director

ATTACHMENT # 2

BUDGET AVAILABILITY STATEMENT

REQUEST DATE: 7/30/2009

REQUESTED BY: Steven K. Schlamp,
Property Specialist/PREM

PHONE: 233-0239

FAX: 233-0210

PROJECT TITLE: PBSO Auto Theft Task Force, Option 1 of 3

PROJECT NO.: #2009-5.008

Fiscal Years	2009	2010	2011	2012	2013
Capital Expenditures					
Operating Costs	\$ -0-	\$51,615	\$17,205	\$ -0-	\$ -0-
External Revenues					
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	\$ -0-	\$51,615	\$17,205	\$ -0-	\$ -0-
# ADDITIONAL FTE POSITIONS (Cumulative)					

*** By signing this BAS your department agrees to these staff costs and your account will be charged upon receipt of this BAS by FD&O. Unless there is a change in the scope of work, no additional staff charges will be billed.*

BUDGET ACCOUNT NUMBER

FUND: 0001

DEPT: 164

UNIT: 1604

OBJ: 4410

SUB OBJ:

IS ITEM INCLUDED IN CURRENT BUDGET: YES NO

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

- Ad Valorem (source/type: _____)
- Non-Ad Valorem (source/type: _____)
- Grant (source/type: _____)
- Park Improvement Fund (source/type: _____)
- General Fund
- Operating Budget
- Federal/Davis Bacon
- _____

Department: FO

BAS APPROVED BY: [Signature] DATE: 7-30-09

ENCUMBRANCE NUMBER:

PRODUCER Hylant Group Inc - Detroit 2401 W Big Beaver, Suite 400 Troy MI 48084 Phone: 248-643-8750 Fax: 248-643-8753	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	NAIC #
INSURED Lautrec, Ltd. (See Named Insured Below) Attn: Frank Roth 31550 Northwestern Hwy. #200 Farmington Hills MI 48334	INSURER A: Travelers Property Casualty Co	036161
	INSURER B: Federal Insurance Company	020281
	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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Terrorism Incl <input checked="" type="checkbox"/> Mold Excl GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y630363K0393	04/15/09	04/15/10	EACH OCCURRENCE	\$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 300,000	
						MED EXP (Any one person)	\$ 5000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		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 AUTO ONLY: EA ACC	\$
						AGG	\$
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	79853557	04/15/09	04/15/10	EACH OCCURRENCE	\$ 25,000,000
		AGGREGATE				\$ 25,000,000	
							\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Named Insured: Aspen Skees Road, LLC
 Location: 1438 Skees Road, W Palm Beach, Florida

APR 20 2009

CERTIFICATE HOLDER

Palm Beach Board of Commissioners
 Attn: Directors
 2633 Vista Parkway
 West Palm Beach FL 33411-5605

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

[Signature]