

Agenda Item #: **3A-3**

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: February 23, 2010 Consent Regular
 Public Hearing

Submitted By: Administration

Submitted For: Administration

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: **A)** a Partial Release of Lease 4452; and **B)** a Partial Release of Sublease 4452-01 with the Board of Trustees of the Internal Improvement Trust Fund of the State of Florida (BOT) and Florida Atlantic University Board of Trustees (FAUBT).

Summary: Palm Beach County entered into a Sublease Agreement with Florida Atlantic University and a Lease Agreement with the Board of Trustees of the Internal Improvement Trust Fund of the State of Florida for the Scripps Temporary Facility No. 1 (T1). Scripps has vacated T1, therefore the BOT and FAUBT have requested a release of the lease and sublease. FAU has fulfilled their repayment obligation under the Scripps Temporary Funding Agreement and complied with its obligations under the Funding Agreement, the Primary Lease and Sublease. District 1 (HJF)

Background and Policy Issues: Palm Beach County and FAU entered into a Temporary Facility Funding Agreement, as an exhibit to the Scripps Grant Agreement to facilitate construction of a laboratory and research facility on Subleases' J.D. Campus, for the purpose of housing Scripps Florida until their permanent facilities were complete. Scripps permanent facilities are now complete and Scripps has fully vacated T1.

Attachments:

1. Partial Release of Sublease
2. Partial Release of Lease

Recommended by:  2-2-10
 Department Director Date

Approved By:  2-2-10
 Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	_____	_____	_____	_____	_____
No. ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

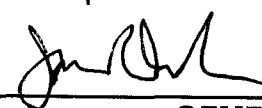
Is Item Included In Current Budget? Yes _____ No _____
 Budget Account No.: Fund _____ Department _____ Unit _____
 Object _____ Reporting Category _____

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

C. Departmental Fiscal Review:

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:


No Fiscal Impact


 OFMB
 2/12/2010
 2/12/10
 2/11/10



 Contract Dev. and Control
 2/12/10

B. Legal Sufficiency:



 Assistant County Attorney
 2/16/10

C. Other Department Review:

 Department Director

PROL1

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT
TRUST FUND OF THE STATE OF FLORIDA

PARTIAL RELEASE OF LEASE

STATE OF FLORIDA
COUNTY OF PALM BEACH
LEASE NUMBER 4452

The undersigned on the _____ day of _____, 20__ do(es) hereby quitclaim, partial release, and surrender all right, title, and interest in and to the lands described in attached Exhibit "A" which are leased under Lease Agreement Number 4452 dated February 24, 2004, between the BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND OF THE STATE OF FLORIDA as LESSOR, and PALM BEACH COUNTY, a political subdivision of the State of Florida, as LESSEE, effective the _____ day of _____, 20__.

PALM BEACH COUNTY, a political
subdivision of the State of Florida
By its Board of County Commissioners

Witness

By: _____

Print/Type Name

Print/Type Name

Witness

Title: _____

Print/Type Name

Attest: _____
County Administrator and Ex-Officio
Clerk of the Board of County
Commissioners of Palm Beach County
Florida

(OFFICIAL SEAL)

"LESSEE"

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ day of _____ 20__, by _____, and _____, as _____ and _____, on behalf of the Board of County Commissioners of Palm Beach County. They are personally known to me or have produced _____ as identification.

Notary Public, State of Florida

Print/Type Notary Name

Commission Number:

Commission Expires:

The BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND OF THE STATE OF FLORIDA hereby consents to the foregoing Partial Release of Lease this ____ day of _____, 20____

Witness

Print/Type Witness Name

Witness

Print/Type Witness Name

By: _____ (SEAL)

GLORIA C. BARBER, OPERATIONS
AND MANAGEMENT CONSULTANT
MANAGER, BUREAU OF PUBLIC LAND
ADMINISTRATION, DIVISION OF
STATE LANDS, STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL
PROTECTION

"LESSOR"

STATE OF FLORIDA
COUNTY OF LEON

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by Gloria C. Barber, Operations and Management Consultant Manager, Bureau of Public Land Administration, Division of State Lands, State of Florida Department of Environmental Protection, acting as agent for and on behalf of the Board of Trustees of the Internal Improvement Trust Fund of the State of Florida. She is personally known to me.

Notary Public, State of Florida

Print/Type Notary Name

Commission Number:

Commission Expires:

Approved as to Form and Legality

By: _____
DEP Attorney

EXHIBIT "A"

A parcel of land lying in Section 23, Township 41 South, Range 42 East, and being more particularly described as follows:

Commencing at the southeast Corner of said Section 23, run thence along the southerly line of said Section 23, south 89° 55' 48" west a distance of 1155.52 feet;

thence leaving said southerly line, north 00° 04' 12" east a distance of 1021.07 feet to the point of beginning;

thence north 65° 13' 35" west a distance of 237.20 feet;

thence north 24° 46' 25" east a distance of 182.27 feet;

thence south 65° 13' 35" east a distance of 237.2 feet;

thence south 24° 46' 25" west a distance of 182.27 feet to the point of beginning.

Containing 43,234 square feet.

Exhibit A
Page 3 of 3
Partial Release of Lease 4452

BSM APPROVED
By AM Date 11-10-09

PROS1

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT
TRUST FUND OF THE STATE OF FLORIDA

PARTIAL RELEASE OF SUBLEASE

STATE OF FLORIDA
COUNTY OF PALM BEACH
SUBLEASE NUMBER 4452-01

The undersigned on the _____ day of _____, 20__ do(es)
hereby quitclaim, partial release, and surrender all right, title, and
interest in and to the lands described in attached Exhibit "A" which are
subleased under Sublease Agreement Number 4452-01 dated February 24, 2004,
between the PALM BEACH COUNTY, a political subdivision of the State of
Florida, as SUBLESSOR, and THE FLORIDA ATLANTIC UNIVERSITY BOARD OF TRUSTEES,
as SUBLESSEE, effective the _____ day of _____, 20__.

THE FLORIDA ATLANTIC UNIVERSITY BOARD
OF TRUSTEES

Witness

By: _____ (SEAL)

Print/Type Witness Name

Print/Type Name

Witness

Title: _____

Print/Type Witness Name

"SUBLESSEE"

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ day of
_____, 20__, by _____, as _____ on behalf of The
Florida Atlantic University Board of Trustees. He/she is personally known to
me or produced _____ as identification.

Notary Public, State of Florida

Print/Type Notary Name

Commission Number:

Commission Expires:

PALM BEACH COUNTY, a political
subdivision of the State of Florida
By its Board of County Commissioners

Witness

Print/Type Name

Witness

Print/Type Name

By: _____

Print/Type Name

Title: _____

Attest: _____
County Administrator and Ex-Officio
Clerk of the Board of County
Commissioners of Palm Beach County
Florida

(OFFICIAL SEAL)

"SUBLESSOR"

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this ____ day of
____ 20__, by _____, and
_____, as _____, and
_____, on behalf of the Board of County
Commissioners of Palm Beach County. They are personally known to me or have
produced _____ as identification.

Notary Public, State of Florida

Print/Type Notary Name

Commission Number:

Commission Expires

The BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND OF THE STATE OF FLORIDA hereby consents to the foregoing Partial Release of Sublease this ____ day of _____, 20____

Witness

Print/Type Witness Name

Witness

Print/Type Witness Name

By: _____ (SEAL)

GLORIA C. BARBER, OPERATIONS
AND MANAGEMENT CONSULTANT
MANAGER, BUREAU OF PUBLIC LAND
ADMINISTRATION, DIVISION OF
STATE LANDS, STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL
PROTECTION

STATE OF FLORIDA
COUNTY OF LEON

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Notary Public, State of Florida

Print/Type Notary Name

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By: _____
DEP Attorney

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thence north 24° 46' 25" east a distance of 182.27 feet;

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thence south 24° 46' 25" west a distance of 182.27 feet to the point of beginning.

Containing 43,234 square feet.

Exhibit A
Page 4 of 4
Partial Release of Sublease No. 4452-01

BSM APPROVED
By AI Date 11-10-09