

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY

Meeting Date: April 6, 2010      Consent      Regular  
    Ordinance      Public Hearing

Department: Facilities Development & Operations

I. EXECUTIVE BRIEF

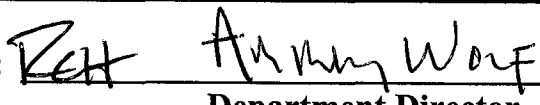

**Motion and Title:** Staff recommends motion to receive and file: notice of exercise of the extension option under the Lease Agreement with Theodore W. Winsberg and Gertrude K. Winsberg (R99-842D) for the Winsbergs' continued agricultural use of approximately 60 acres located on Hagen Ranch Road in Boynton Beach.

**Summary:** In 1996, the County purchased 175 acres of property from the Winsbergs for the development of the Water Utilities Department's Green Cay Wetlands Water Reclamation project. The property is located off Hagen Ranch Road between Boynton Beach Boulevard and Atlantic Boulevard. The Board approved the original Lease Agreement in May of 1999 (R99-842D), which allowed the Winsbergs to continue to farm the property. Over time, as WUD constructed phases of the Water Reclamation Project, the area leased to the Winsbergs was reduced and the Winsbergs currently lease approximately 60 acres. In April of 2008, the Board approved the Fourth Amendment (R2008-0629) which extended the term of the Lease Agreement through May 1, 2010, and provided the Winsbergs with ten (10) additional one (1) year options to extend the term of the Lease Agreement. Exercising this first option will extend the term of the Lease Agreement through May 1, 2011. Pursuant to the terms of the Fourth Amendment, the Winsbergs have the right to exercise its option and the Board has no discretionary authority to not allow the exercise of the option. The County will continue to have the right to terminate this Lease upon 120 days notice. The annual rental rate for this option period will continue to be \$1/yr. All other terms of the Lease Agreement remain in full force and effect. **(PREM)**

District 5 (HJF)

**Attachments:**

1. Location Map
2. Option to Extend Letter
3. Budget Availability Statement
4. April 15, 2008 agenda item approving the Fourth Amendment

Recommended By:	 Department Director	3/18/10 Date
Approved By:	 County Administrator	3/29/10 Date

**II. FISCAL IMPACT ANALYSIS**

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


Fiscal Years	2010	2011	2012	2013	2014
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____ (\$1)	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<u>_____ (\$1)</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	_____	_____	_____	_____	_____
<b>Is Item Included in Current Budget:</b>	Yes	<u>  X  </u>	No	_____	
Budget Account No:	Fund <u>  4000  </u>	Dept <u>  720  </u>	Unit <u>  4200  </u>	Object <u>  6999  </u>	
	Program _____				

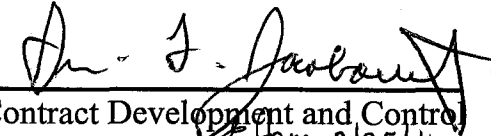
**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

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

**III. REVIEW COMMENTS**

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

  
 \_\_\_\_\_  
 OFMB  
 (Handwritten initials and date: 3/24/2010)  
 (Handwritten initials and date: 3/23/10)

  
 \_\_\_\_\_  
 Contract Development and Control  
 (Handwritten initials and date: 3/25/10)

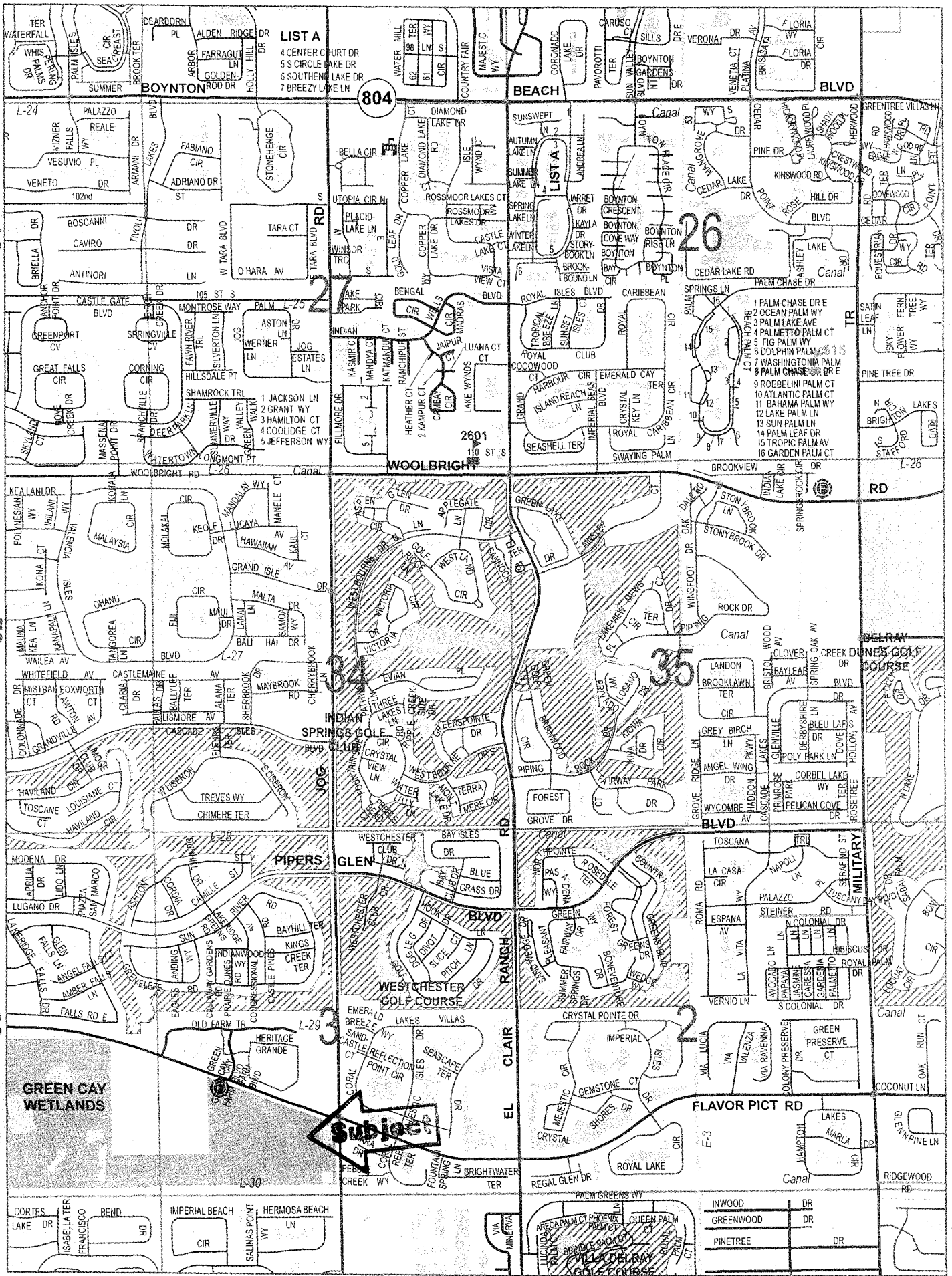
**B. Legal Sufficiency:**

  
 \_\_\_\_\_  
 Assistant County Attorney  
 (Handwritten date: 3/29/10)

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

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



LOCATION MAP

ATT.#1





# GREEN CAY FARMS, INC.

PHONE: (561) 499-5345  
FAX: (561) 637-0611

THEODORE W. WINSBERG, PRES.  
GERTRUDE K. WINSBERG, SEC. TREAS.  
MICHAEL JAMESON, VICE PRES.  
SYLVIA WINSBERG, VICE PRES.

*Growers and Packers of Fancy Florida Winter Vegetables*  
12750 HAGEN RANCH ROAD :- BOYNTON BEACH, FL 33437-9727

1/7/10

BCC  
West Palm Beach, FL

Re: R99-842D

We would like to renew our lease on the county owned property listed above.

Sincerely,

*Ted & Trudy Winsberg*  
Ted and Trudy Winsberg

RECEIVED

JAN 07 2010

ATT. # 2

# BUDGET AVAILABILITY STATEMENT

REQUEST DATE: March 4, 2010 REQUESTED BY: Richard C. Bogatin PHONE: 561-233-0214  
 FAX: 561-233-0210

PROJECT TITLE: Winsberg Farm Lease Option No 1 PROJECT NO.: 2010-5.010

Fiscal Years	2010	2011			
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	(\$1.)	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<u>(\$1)</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
# 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: 4000 DEPT: 720 UNIT: 4200 OBJ: RSRC 6999 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: \_\_\_\_\_

BAS APPROVED BY: Debra M. Vist DATE: 3/4/10

ENCUMBRANCE NUMBER: \_\_\_\_\_

ATT. # 3



**II. FISCAL IMPACT ANALYSIS**

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

Fiscal Years	2008	2009	2010	2011	2012
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	(\$1)	(\$1)	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<b>(\$1)</b>	<b>(\$1)</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes \_\_\_\_\_ No X  
 Budget Account No: Fund 4000 Dept 720 Unit 4200 RSRC 6999  
 Program \_\_\_\_\_

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

No Fiscal Impact.


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

**III. REVIEW COMMENTS**

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

 _____ OFMB <u>4/3/08</u> (initials) <u>4/12/08</u> <u>4/11/08</u>	 _____ Contract Development and Control E. Janna <u>4/13/08</u>
--	--

**B. Legal Sufficiency:**

  
 \_\_\_\_\_  
 Assistant County Attorney 4/10/08

This amendment complies with our review requirements.

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

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

**Background and Justification, continued**

The Winsbergs have been very cooperative in all phases of WUD's Green Cay Project. They sold the property for substantially less than appraised value and modified the restrictive covenants to allow construction of a Fire Station. By leasing the property, the County enhances agriculture and avoids maintenance and security costs. The only issue in extending the Lease is whether after nine (9) years of rent free use, the Winsbergs should be required to pay rent. WUD believes that it was the intent of the parties that the Winsbergs could lease the property rent free until such time that WUD is prepared to commence construction of Phase II of the project. Unfortunately, the purchase contract used 60% as the threshold, and Phase I occupied roughly 62% of the property. Staff believes it is not in the County's interest to contest this matter in light of questions as to the intent of the parties and the cooperation received from the Winsbergs. If the County does not lease this property to the Winsbergs, WUD will incur maintenance costs of approximately \$25,000/yr.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/04/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>		<b>CONTACT NAME:</b>	
PALM BEACH COUNTY FL FARM BUREAU 13121 MILITARY TRAIL DELRAY BEACH FL 33484		PHONE (A/C No. Ext): 561-498-5200	FAX (A/C No.): 561-498-3078
<b>INSURED</b>		<b>INSURER(S) AFFORDING COVERAGE</b>	
GREEN CAY FARMS, INC 12750 HAGEN RANCH ROAD BOYNTON BEACH FL 33437		INSURER A : FFVA MUTUAL INSURANCE CO	NAIC # 31321
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL. SUBR. INSR. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b>					EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>					GENERAL AGGREGATE \$
	<b>AUTOMOBILE LIABILITY</b>					PRODUCTS - COM/PROP AGG \$
	ANY AUTO					\$
	ALL OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$
	SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	HIRED AUTOS					BODILY INJURY (Per accident) \$
	NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
	<b>UMBRELLA LIAB</b>					\$
	EXCESS LIAB					EACH OCCURRENCE \$
	DEDUCTIBLE					AGGREGATE \$
	RETENTION \$					\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>		WC840-0001816-2010A	01/01/2010	01/01/2011	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>	Y/N				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	N/A				E.L. EACH ACCIDENT \$ 500,000
						E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
PALM BEACH COUNTY BOCC, PROPERTY AND REAL ESTATE MANAGEMENT, ATTN: DIRECTOR 2633 VISTA PARKWAY WEST PALM BEACH FL 33411	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	ROBERT L LENTZ

## 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:  
**GREEN CAY FARMS INC**  
 12750 HAGEN RANCH RD  
 BOYNTON BEACH, FL 33437-4128

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DEC 07 2009

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		
A	<b>GENERAL LIABILITY:</b> <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 9507106 16	02/04/2010	02/04/2011	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
	<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	\$	
					BODILY INJURY (Per Person)	\$	
					BODILY INJURY (Per Accident)	\$	
					PROPERTY DAMAGE	\$	
							EACH OCCURRENCE
	<b>EMPLOYERS LIABILITY:</b> <input type="checkbox"/> FARM EMPLOYER'S LIABILITY <input type="checkbox"/> FARM EMPLOYEE'S MEDICAL						\$ (Each Occurrence)
							\$ (Each Employee)
	<b>OTHER:</b>						\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES:  
 SEE FORM CG 20 11 11 85

**CANCELLATION:** Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 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:  
 ATTN: DIRECTOR  
 PALM BEACH COUNTY BOCC  
 PROPERTY & REAL ESTATE DEVELOPMENT  
 2633 VISTA PKWY  
 WEST PALM BEACH FL 33411-5613

County Code 50-0 Date Issued 12/01/2009  
 Served by PALM BEACH County Farm Bureau  
ROBERT L. LENTZ, INC, CLU, CHFC  
 AUTHORIZED REPRESENTATIVE

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED — MANAGERS OR LESSORS OF PREMISES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

**SCHEDULE**

- 1. Designation of Premises (Part Leased to You): E/S HAGEN RANCH RD BOYNTON BEACH, FL
- 2. Name of Person or Organization (Additional Insured): PALM BEACH COUNTY BOCC  
PROPERTY & REAL ESTATE MANAGEMENT
- 3. Additional Premium: \$ 21

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

WHO IS 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 premises 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 be a tenant in that premises.
- 2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.