

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Meeting Date: June 21, 2011 [X] Consent [] Regular
[] Ordinance [] Public Hearing

Department: Facilities Development & Operations

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: exercise of the first option to extend the term of the Lease Agreement (R2006-1917) dated September 12, 2006, with the City of South Bay for approximately 3,360 SF within the City Hall Complex located in South Bay at an annual rate of \$1/yr.

Summary: Fire Rescue currently leases approximately 3,360 SF within the City Hall Complex in South Bay for operation of Fire Rescue's temporary station No. 74. The initial term of the Lease Agreement was for five (5) years ending on September 11, 2011, with two (2) extension options, each for a period of one (1) year. This option will extend the term of the Lease Agreement for one year, from September 12, 2011, through September 11, 2012. The annual rent for this extension period is \$1. Water and sewer charges are paid for by the City, but other utility charges are invoiced directly to Fire Rescue. (PREM) District 6 (HJF)

Background and Justification: On September 12, 2006, the Board approved the Lease Agreement which will expire on September 11, 2011. The exercise of this first option will extend the term of the Lease Agreement for one (1) year until September 11, 2012, and will provide for the continued occupancy of Fire Rescue within the City Hall Complex until a new permanent station is completed which is anticipated to occur in August 2012. Florida Statutes Section 286.32 exempts municipalities from the requirement to provide Disclosures of Beneficial Interests.

Attachments:

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

Recommended By: [Signature] Department Director Date: 5/26/11

Approved By: [Signature] County Administrator Date: 6/10/11

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2011	2012	2013	2014	2015
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>\$1.00</u>	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>\$1.00</u>	=====	=====	=====	=====
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes No

Budget Account No: Fund 1300 Dept 440 Unit 4237 Object 4410
 Program _____

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

\$1.00 annual rent will be remitted to the City of South Bay in September 2011.

C. Departmental Fiscal Review: _____ *[Signature]* 6/3/11

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development Comments:

[Signature] 6/1/11
 OFMB
 6/6/11 6/6/11 6/10/11

[Signature] 6/8/11
 Contract Development and Control

B. Legal Sufficiency:

[Signature] 6/9/11
 Assistant County Attorney

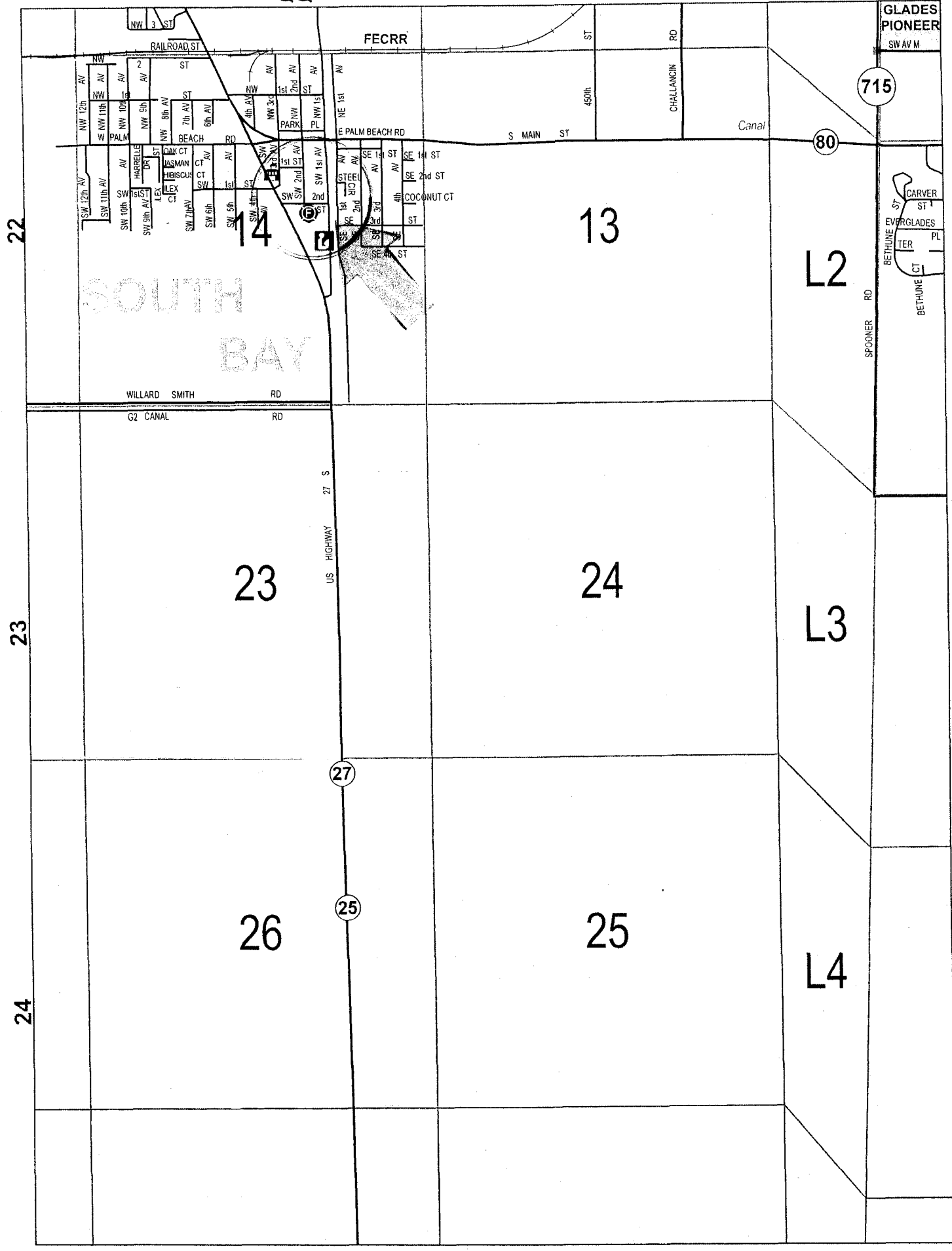
C. Other Department Review:

 Department Director

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

QQ

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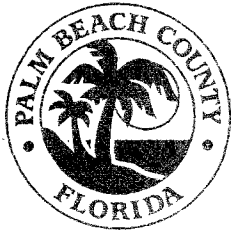
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LOCATION MAP

ATTACHMENT # 1





**CERTIFIED MAIL
RETURN RECEIPT REQUESTED
#7010 0290 0000 7884 4879**

June 21, 2011

City of South Bay
Attn: Corey L. Alston, City Manager
335 SW 2nd Avenue
South Bay, FL 33493

**RE: Exercise of First Option to Extend Lease Agreement (R2006-1917) dated
September 12, 2006, between City of South Bay and Palm Beach County**

Dear Mr. Alston:

Pursuant to the provisions of Section 1.03 of the above referenced Lease Agreement, Palm Beach County, as County, is hereby exercising the first option to extend the term of said Lease for an additional period of one (1) year, effective September 12, 2011, through September 11, 2012.

Sincerely,

ATTEST:
SHARON R. BOCK
CLERK & COMPTROLLER

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

By: _____
Deputy Clerk

By: _____
Karen T. Marcus, Chair

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS
AND CONDITIONS

By: _____
Assistant County Attorney

By: Zeh Audrey Wolf
Audrey Wolf, Director
Facilities Development & Operations

G:\PREM\PM\Out Lease\Fire Res STN #74 So Bay\FirstOption\OptionLtr.001.HF app.051211.doc

Facilities Development &
Operations Department
Property & Real Estate
Management Division
2633 Vista Parkway
West Palm Beach, FL 33411-5605
(561) 233-0217
FAX: (561) 233-0210
www.pbcgov.com/fdo

Palm Beach County
Board of County
Commissioners
Karen T. Marcus, Chair
Shelley Vana, Vice Chair
Paulette Burdick
Steven L. Abrams
Burt Aaronson
Jess R. Santamaria
Priscilla A. Taylor

County Administrator
Robert Weisman

"An Equal Opportunity
Affirmative Action Employer"

printed on recycled paper

ATTACHMENT # 2

CERTIFICATE OF COVERAGE

<p>Certificate Holder</p> <p style="text-align: center;">PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS FACILITIES DEVELOPMENT & OPERATIONS DEPARTMENT 2633 VISTA PARKWAY WEST PALM BEACH FL 33411 5605</p>	<p style="text-align: right;">Issue Date 5/16/11</p> <p>Administrator</p> <p style="text-align: center;">Florida League of Cities, Inc. Department of Insurance and Financial Services P.O. Box 530065 Orlando, Florida 32853-0065</p>
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COVERAGES
THIS IS TO CERTIFY THAT THE AGREEMENT BELOW HAS BEEN ISSUED TO THE DESIGNATED MEMBER FOR THE COVERAGE 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 COVERAGE AFFORDED BY THE AGREEMENT DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH AGREEMENT.

COVERAGES PROVIDED BY: FLORIDA MUNICIPAL INSURANCE TRUST

AGREEMENT NUMBER: FMIT 0553 COVERAGE PERIOD: FROM 10/1/10 COVERAGE PERIOD: TO 10/1/11 12:01 AM STANDARD TIME

<p>TYPE OF COVERAGE - LIABILITY</p> <p>General Liability</p> <p><input checked="" type="checkbox"/> Comprehensive General Liability, Bodily Injury, Property Damage and Personal Injury</p> <p><input checked="" type="checkbox"/> Errors and Omissions Liability</p> <p><input checked="" type="checkbox"/> Supplemental Employment Practice</p> <p><input checked="" type="checkbox"/> Employee Benefits Program Administration Liability</p> <p><input checked="" type="checkbox"/> Medical Attendants/Medical Directors' Malpractice Liability</p> <p><input checked="" type="checkbox"/> Broad Form Property Damage</p> <p><input type="checkbox"/> Law Enforcement Liability</p> <p><input checked="" type="checkbox"/> Underground, Explosion & Collapse Hazard</p> <p>Limits of Liability * Combined Single Limit</p> <p>Deductible Stoploss \$2,500</p> <p>Automobile Liability</p> <p><input checked="" type="checkbox"/> All owned Autos (Private Passenger)</p> <p><input checked="" type="checkbox"/> All owned Autos (Other than Private Passenger)</p> <p><input checked="" type="checkbox"/> Hired Autos</p> <p><input checked="" type="checkbox"/> Non-Owned Autos</p> <p>Limits of Liability * Combined Single Limit</p> <p>Deductible N/A</p>	<p>TYPE OF COVERAGE - PROPERTY</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> Buildings</td> <td><input checked="" type="checkbox"/> Miscellaneous</td> </tr> <tr> <td><input type="checkbox"/> Basic Form</td> <td><input checked="" type="checkbox"/> Inland Marine</td> </tr> <tr> <td><input checked="" type="checkbox"/> Special Form</td> <td><input checked="" type="checkbox"/> Electronic Data Processing</td> </tr> <tr> <td><input checked="" type="checkbox"/> Personal Property</td> <td><input checked="" type="checkbox"/> Bond - FHA BOND \$25,000</td> </tr> <tr> <td><input type="checkbox"/> Basic Form</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> Special Form</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Agreed Amount</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Deductible \$1,000</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Coinsurance 80%</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Blanket</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Specific</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Replacement Cost</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Actual Cash Value</td> <td></td> </tr> </table> <p style="text-align: center;">Limits of Liability on File with Administrator</p> <hr/> <p>TYPE OF COVERAGE - WORKERS' COMPENSATION</p> <p><input checked="" type="checkbox"/> Statutory Workers' Compensation</p> <p><input checked="" type="checkbox"/> Employers Liability \$1,000,000 Each Accident \$1,000,000 By Disease \$1,000,000 Aggregate By Disease</p> <p><input checked="" type="checkbox"/> Deductible \$2,500</p> <p><input type="checkbox"/></p>	<input checked="" type="checkbox"/> Buildings	<input checked="" type="checkbox"/> Miscellaneous	<input type="checkbox"/> Basic Form	<input checked="" type="checkbox"/> Inland Marine	<input checked="" type="checkbox"/> Special Form	<input checked="" type="checkbox"/> Electronic Data Processing	<input checked="" type="checkbox"/> Personal Property	<input checked="" type="checkbox"/> Bond - FHA BOND \$25,000	<input type="checkbox"/> Basic Form	<input type="checkbox"/>	<input checked="" type="checkbox"/> Special Form		<input type="checkbox"/> Agreed Amount		<input checked="" type="checkbox"/> Deductible \$1,000		<input checked="" type="checkbox"/> Coinsurance 80%		<input type="checkbox"/> Blanket		<input checked="" type="checkbox"/> Specific		<input checked="" type="checkbox"/> Replacement Cost		<input type="checkbox"/> Actual Cash Value	
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<input checked="" type="checkbox"/> Specific																											
<input checked="" type="checkbox"/> Replacement Cost																											
<input type="checkbox"/> Actual Cash Value																											

Automobile/Equipment - Deductible


Physical Damage \$100 - Comprehensive - Auto \$250 - Collision - Auto Per Schedule - Miscellaneous Equipment

Other
The limit of liability is \$100,000 Bodily Injury and/or Property Damage per person or \$200,000 Bodily Injury and/or Property Damage per occurrence. These specific limits of liability are increased to \$1,500,000 (combined single limit) per occurrence, solely for any liability resulting from entry of a claims bill pursuant to Section 768.28 (5) Florida Statutes or liability/settlement for which no claims bill has been filed or liability imposed pursuant to Federal Law or actions outside the State of Florida

Description of Operations/Locations/Vehicles/Special Items

RE: Lease Agreement for Fire-Rescue Station #74

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 AGREEMENT ABOVE.

<p>DESIGNATED MEMBER</p> <p style="text-align: center;">CITY OF SOUTH BAY 335 SW 2ND AVENUE SOUTH BAY FL 33493</p>	<p>CANCELLATIONS SHOULD ANY PART OF THE ABOVE DESCRIBED AGREEMENT BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED ABOVE, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE PROGRAM, ITS AGENTS OR REPRESENTATIVES.</p> <p style="text-align: center;"></p> <p style="text-align: center;">AUTHORIZED REPRESENTATIVE</p>
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BUDGET AVAILABILITY STATEMENT

REQUEST DATE: 4/12/2011

REQUESTED BY: Steven K. Schlamp,
Prop. Spec./PREM

PHONE: 233-0239
FAX: 233-0210

PROJECT TITLE: Fire-Rescue Station No. 74 – South Bay Option 1 of 2

PROJECT NO.: 2011-5.008

Fiscal Years	2011	2012	2013	2014	2015
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	\$1.00	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>\$1.00</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</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: 1300 DEPT: 440 UNIT: 4237 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
- _____ _____ _____

SUBJECT TO IG FEE? YES NO

Department: Fire-Rescue

BAS APPROVED BY: [Signature] DATE: 4/12/11

ENCUMBRANCE NUMBER:

RECEIVED

G:\PREMPM\Out Lease\Fire Res STN #74 So Bay\FirstOption\BAS.041211.doc

APR 13 2011

ATTACHMENT # 3