

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

Meeting Date:	April 17, 2012	<input checked="checked" type="checkbox"/> Consent	<input type="checkbox"/> Regular
		<input type="checkbox"/> Ordinance	<input type="checkbox"/> Public Hearing

Department: **Facilities Development & Operations**

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to receive and file: notice of exercise of the third 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 until the Water Utilities Department (WUD) was ready to construct their project. 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. The next phase of the Water Reclamation Project is not expected to be implemented within the next five (5) years. 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 third option will extend the term of the Lease Agreement through May 1, 2013. The Winsbergs have the right to exercise their 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. Seven (7) one (1) year options remain available to the Winsbergs. All other terms of the Lease Agreement remain in full force and effect. **(PREM) District 5 (HJF)**

Background and Justification: The Lease Agreement was approved on May of 1999 (R99-842D). The Winsbergs exercised the first option on April 6, 2010 (R2010-0519). The second renewal option was exercised on April 5, 2011 (R2011-0504), extending the term of the Lease Agreement through May 1, 2012. Exercise of this third renewal option will extend the term through May 1, 2013. Florida Statutes does not require that a Disclosure of Beneficial Interests be obtained.

Attachments:

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

Recommended By:	<i>[Signature]</i>	
	Department Director	Date
		<i>3/24/12</i>
Approved By:	<i>[Signature]</i>	
	County Administrator	Date
		<i>4/10/12</i>

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2012	2013	2014	2015	2016
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	<\$1.00>	<\$1.00>	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<\$1.00>	<\$1.00>	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes No

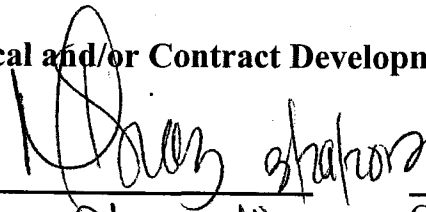
Budget Account No: Fund 4000 Dept 720 Unit 4200 Object RSRC 6999
 Program _____

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

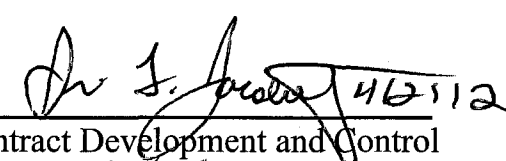
C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development Comments:

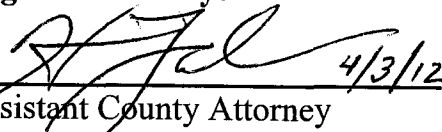


 OFMB 3/29/12 3/28/12



 Contract Development and Control
 4-2-12 B. Wheeler

B. Legal Sufficiency:



 Assistant County Attorney 4/3/12

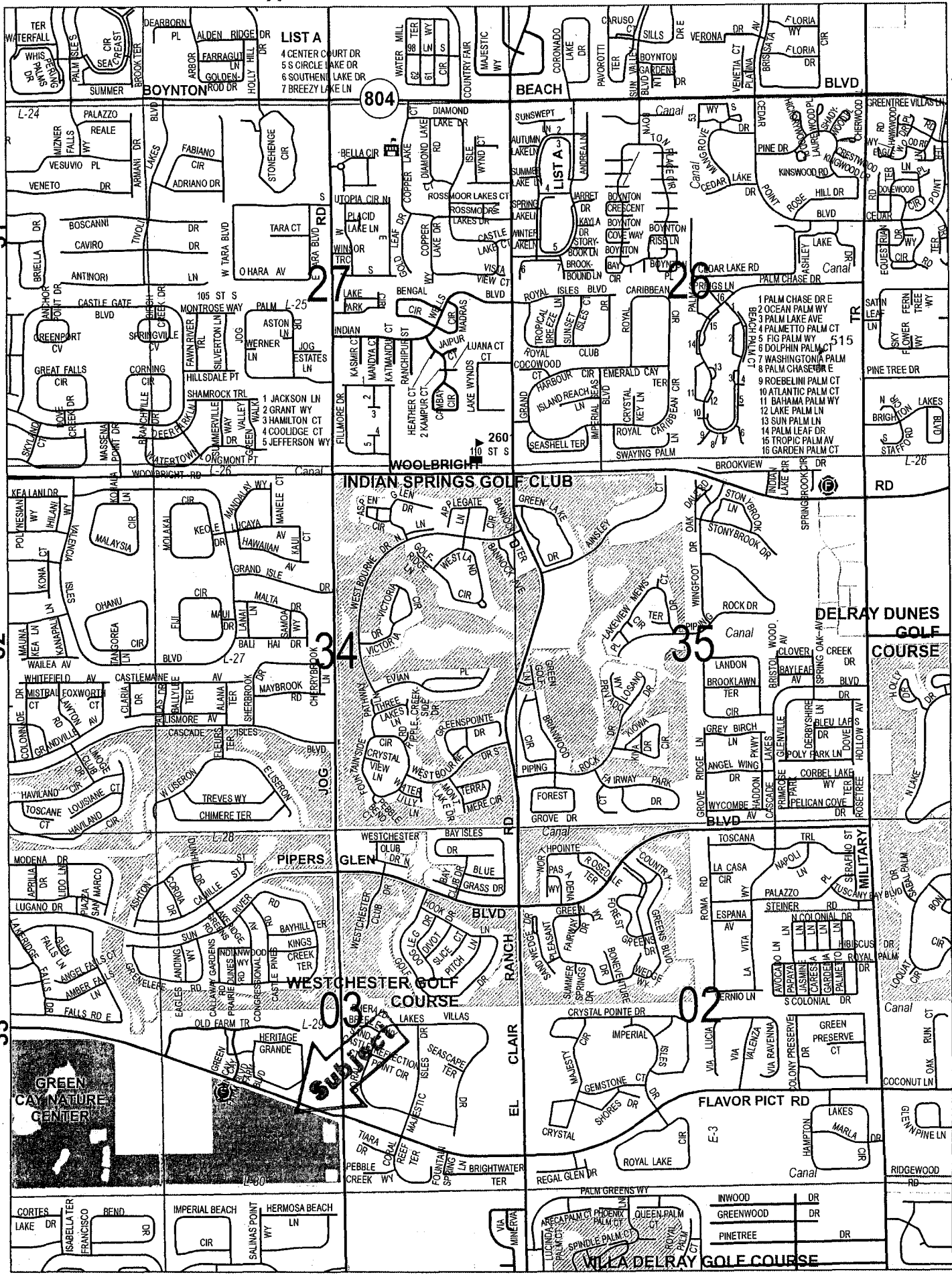
C. Other Department Review:

 Department Director

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

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LOCATION MAP

Handwritten mark resembling the number '11' or a similar symbol.



GREEN CAY FARMS, INC.

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

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

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

FEB 21 2012

02/16/12

Board of County Commissioners
West Palm Beach, FL

Re: R99-842D

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

Sincerely,

Ted and Trudy Winsberg

BUDGET AVAILABILITY STATEMENT

REQUEST DATE: March 1, 2012 REQUESTED BY: Richard C. Bogatin PHONE: 561-233-0214
 FAX: 561-233-0210

PROJECT TITLE: Winsberg Farm Lease Option No 3 PROJECT NO.:2012-5.00__

Fiscal Years	2012	2013	2014	2015	2016
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	<\$1.00>	<\$1.00>	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<\$1.00>	<\$1.00>	_____	_____	_____
# 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:

ENCUMBRANCE NUMBER:

IS ITEM INCLUDED IN CURRENT BUDGET: YES X 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 X

Department: Water utilities

BAS APPROVED BY: [Signature] DATE: 3/2/12

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.

<p>FLORIDA FARM BUREAU INSURANCE COMPANIES P.O. BOX 147030 GAINESVILLE, FLORIDA 32614-7030</p>	<p>COMPANIES AFFORDING COVERAGES:</p> <p>Company Letter A: Florida Farm Bureau General Ins. Co.</p> <p>Company Letter B: Florida Farm Bureau Casualty Ins. Co.</p>
<p>NAME AND ADDRESS OF INSURED:</p> <p>THEODORE W. WINSBERG &/OR GERTRUDE K. WINSBERG &/OR GREEN CAY FARMS INC 12750 HAGEN RANCH RD., BOYNTON BEACH, FL 33437</p>	

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	
					General Aggregate	\$ 1,000
A	General Liability: <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	02/04/2012	02/04/2013	Products-completed operations aggregate	\$ 1,000
					Personal & Advertising Injury	\$ 500
					Each Occurrence	\$ 500
					Fire Damage (Any one fire)	\$ 100
					Medical Expense (Any one person)	\$ 5
	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 Unit	\$
					Bodily Injury (Per Person)	\$
					Bodily Injury (Per Accident)	\$
					Property Damage	\$
A	Excess Liability: <input checked="" type="checkbox"/> Umbrella Form <input type="checkbox"/> Other than Umbrella form	UMC 9610053	02/04/2012	02/04/2013	Each Occurrence	\$ 1,000
	Employers Liability: <input type="checkbox"/> Farm Employer's Liability <input type="checkbox"/> Farm Employee's Medical				Aggregate	\$ 1,000
	Other:					\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES:
 E/S HAGEN RANCH RD BOYNTON BEACH
 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 30 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

COUNTY CODE 50 DATE ISSUED 03/07/12
 Served by PALM BEACH County Farm Bureau
RICHARD MOURFIELD
 AUTHORIZED REPRESENTATIVE

POLICY NUMBER: CPP 9507106 18

COMMERCIAL GENERAL LIABILITY

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 BOYTON 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/08/2012

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).

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

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	ADDITIONAL INSURER	INSURER	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ \$
	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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$							EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A		WC840-0001616-2012A	01/01/2012	01/01/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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)
 E/S HAGEN RANCH RD BOYNTON BEACH, FL

CERTIFICATE HOLDER PALM BEACH COUNTY BOCC PROPERTY & REAL ESTATE DEVELOPMENT 2633 VISTA PKWY WEST PALM BEACH FL 33411	CANCELLATION 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 RICHARD MOURFIELD
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