

MANATEE COUNTY GOVERNMENT AGENDA MEMORANDUM

| | | | |
|------------------------------------|--|-------------------------------------|--|
| SUBJECT | REFUND CHECK TO CASA DEL REY INCORPORATED | TYPE AGENDA ITEM | CONSENT |
| DATE REQUESTED | <i>July 7</i> JUNE 26, 1998 | DATE SUBMITTED/REVISED | July 2, 1998 |
| BRIEFINGS?/WHO? | None | CONSEQUENCES IF DEFERRED | DELAYED PAYMENT TO CUSTOMER |
| DEPARTMENT/DIVISION | PUBLIC WORKS/CUSTOMER SERVICE | AUTHORIZED BY TITLE | LEN BRAMBLE, P E <i>Len Bramble</i> PUBLIC WORKS DIRECTOR |
| CONTACT PERSON TELEPHONE/EXTENSION | CAROL RENDON/ELAINE APOSTOL <i>CR</i> 5414/5233 | PRESENTER/TITLE TELEPHONE/EXTENSION | LEN BRAMBLE, P E PUBLIC WORKS DIRECTOR EXT 5244 |
| ADMINISTRATIVE APPROVAL | <i>[Signature]</i> | | |

ACTION DESIRED
INDICATE WHETHER "REPORT" or "DISCUSSION," "FORM OF MOTION," or "OTHER ACTION REQUIRED:"

FORM OF MOTION - Authorization to fund \$4620.00 DEPOSIT TO CASA DEL REY INCORPORATED.

ENABLING/REGULATING AUTHORITY
Federal/State law(s), administrative ruling(s), Manatee County Comp Plan/Land Development Code, ordinances, resolutions, policy.)

WATER RESOLUTION R97-135

BACKGROUND/DISCUSSION

SEE PAGE 2

HAS COUNTY ATTORNEY REVIEW BEEN REQUESTED? Indicate "NO" or "YES" @ right. (If "NO," proceed to 1) below; and if "YES," proceed to 2) below) N/A

1) if "NO" TO ABOVE.

A) PLEASE EXPLAIN BELOW: (see also following section 1B) re: contract, agreement, lease, etc.:

LEGAL ASSISTANCE NOT REQUIRED AS REQUEST IS IN COMPLIANCE WITH THE WATER RESOLUTION R 97-135 AND SOLID WASTE RESOLUTION R 97-213

B) IF A CONTRACT, AGREEMENT, LEASE OR OTHER DOCUMENT WAS PREVIOUSLY APPROVED, STATE YEAR OF LAST USE @ RIGHT:

2) if "YES" TO FIRST QUESTION IN THIS SECTION.

A) HAS ENTIRE MATTER, OR ONLY A PORTION, BEEN REVIEWED? IF ONLY A PORTION, WHICH PORTION?

B) HAVE ALL COMMENTS/SUGGESTIONS RAISED BY COUNTY ATTORNEY BEEN ADDRESSED/INCORPORATED; IF NOT, PLEASE EXPLAIN. A COPY OF FINAL COUNTY ATTORNEY MEMO RE THIS MATTER **MUST BE ATTACHED** (if comments were verbal, so indicate.)

APPROVED IN OPEN SESSION

| | |
|--|---|
| ATTACHMENTS: (List in order as attached) | INSTRUCTIONS TO BOARD RECORDS: |
| 1 CUSTOMER'S CIS FINANCIAL SCREEN 2 Surety Bond | JUL 07 1998 NONE |
| COST \$4 620 00 (\$1900 GARBAGE +\$2720 WATER) | BOARD OF COUNTY COMMISSIONERS MANATEE COUNTY FLORIDA 480 000000 220000 SOURCE (ACCT# & NAME) 401 0000000 220000 DEPOSIT RECEIVABLES |
| COMMENTS | AMT./FREQ. OF RECURRING COSTS (ATTACH FISCAL IMPACT STATEMENT) NONE |

BACKGROUND/DISCUSSION (Continued)

- **4/03/98 - Casa Del Rey Inc. paid a \$1,900 garbage deposit and a \$2,720 water deposit.**
- **5/15/98 - Casa Del Rey Inc. mailed Public Works a Surety Bond to cover the water/solid waste deposits and requested refund of the 4/3/98 paid deposits.**
- **6/24/98 - Need to refund \$4,620.00 to the customer.**
- **Cash refunds in excess of \$500 require approval by the Board of County Commissioners.**

SURETY BOND

Bond Number U10261

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, CASA DEL REY, INC., Principal, and PREFERRED NATIONAL INSURANCE COMPANY, a Surety Company authorized to do business in the State of Florida, as Surety, are held and firmly bound to MANATEE COUNTY PUBLIC WORKS DEPARTMENT, its successors and assigns, in the amount of FOUR THOUSAND SIX HUNDRED TWENTY DOLLARS (\$4,620.00), lawful money of the United States of America for the payment of which the Principal and Surety, their heirs, executors, administrators, successors and assigns are hereby jointly and severally bound.

WHEREAS, MANATEE COUNTY PUBLIC WORKS DEPARTMENT required the Principal to guarantee the payment of its monthly invoices for water, sewer and garbage services and Principal may do so by furnishing this surety bond for payment of the monthly bills for water, sewer and garbage services to be rendered to Manatee County Public Works Department.


NOW THEREFORE, in the event the Principal shall fail to fully pay MANATEE COUNTY PUBLIC WORKS DEPARTMENT for water, sewer and garbage furnished in the Principal's name at any and all premises, when finally due, the Surety agrees to deliver payment to MANATEE COUNTY PUBLIC WORKS DEPARTMENT within thirty (30) days of receipt of the demand for payment by MANATEE COUNTY PUBLIC WORKS DEPARTMENT.

PROVIDED FURTHER, that regardless of the number of years this bond shall continue or be continued in force, or of the number of premiums which shall be payable or paid, the Surety shall not be liable hereunder for a larger amount, in the aggregate, than the amount of this bond, unless suit must be brought for enforcement of the surety obligations, in which case the Surety will also be liable for all costs in connection therewith and reasonable attorney's fees, including costs of and fees for appeals, and interest from thirty (30) days after receipt of demand; and

PROVIDED FURTHER, that this bond may be cancelled by the Surety as to subsequent liability by giving thirty (30) days notice in writing by certified mail to MANATEE COUNTY PUBLIC WORKS DEPARTMENT; however, the Surety shall remain liable with respect to water, sewer and garbage service furnished to the Principal prior to the effective date of the thirty day notice.

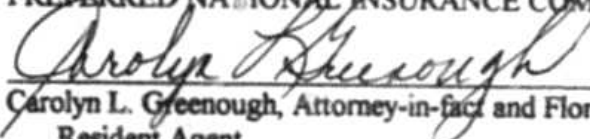
Signed and sealed this 28th day of April, 1998.

CASA DEL REY, INC.



Hugh Stewart, Vice President

PREFERRED NATIONAL INSURANCE COMPANY



Carolyn L. Greenough, Attorney-in-fact and Florida
Resident Agent

Inquiries: 407-956-8216

Preferred National Insurance Company

Coral Springs, Florida

POWER OF ATTORNEY

Know All Men By These Presents: That Preferred National Insurance Company, a corporation of the State of Florida, by Stephen Weicholz, President, and Scott Weicholz, Secretary, in pursuance of authority granted by Article XI, Section 1 & 2 of the By-Laws of said Company, which reads as follows:

ARTICLE XI, SECTION 1 - The Chairman of the Board or President or any Vice President or Secretary shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof.

ARTICLE XI, SECTION 2 - The signature of any authorized officer and the Seal of the Company may be affixed by facsimile to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed.

Does hereby nominate, constitute and appoint

Carolyn L. Greenough

its true and lawful attorney, for it and in its name, place, and stead to execute on behalf of the said Company as surety, all bonds, undertakings and contracts of suretyship in the amount not to exceed:

Five Hundred Thousand Dollars (\$500,000.00)

Preferred National Insurance Company, as fully and amply, to all intents and purposes, as if they have been duly executed and acknowledged by the regularly elected officers of the Company at its office in Coral Springs, Florida, in their own proper persons.

The said Secretary does hereby certify that the foregoing is a true copy of Article XI, Section 1 & 2 of the By-Laws of said Company, and is now in force.

IN WITNESS WHEREOF, the said President and Secretary have hereunto subscribed their names and affixed the Corporation Seal of the said Preferred National Insurance Company, this 17th day of November, 1993.

ATTEST:


Secretary



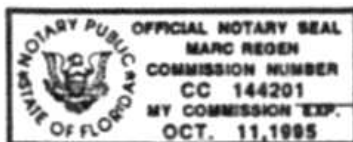
Preferred National Insurance Company


President

STATE OF FLORIDA
CITY OF CORAL SPRINGS

On this 17th day of November, A.D., 1993, before the subscriber, a Notary Public of the State of Florida, duly commissioned and qualified, came the above named President and Secretary of Preferred National Insurance Company to me personally known to be the individuals and officers described in and who executed the preceding instrument, and they each acknowledged the execution of the same, and being by me duly sworn, severally and each for himself depose and say, that they are the said officers of the Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and that the Corporate Seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal, at the City of Coral Springs, the day and year first above written.





CERTIFICATE

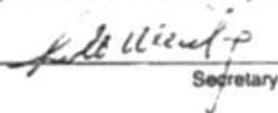
I, the undersigned, Secretary of Preferred National Insurance Company, do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy, is in full force and effect on the date of this certificate; and I do further certify that the President who executed the said Power of Attorney was specially authorized by the Board of Directors to appoint any Attorney-in-Fact as provided in Article XI, Section 1 & 2 of the By-Laws of the Preferred National Insurance Company.

This Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of Preferred National Insurance Company at a meeting duly called and held on the 6th day of September, 1989.


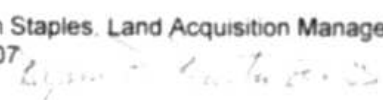

Resolved, Article XI, Section 2, "that the facsimile or mechanically reproduced signature of any Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed."

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the Corporate Seal of the said Company, this 23 day of April, 1998.




Secretary

MANATEE COUNTY GOVERNMENT
AGENDA MEMORANDUM

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|--|--|---------------------------------|--|
| SUBJECT | 9 th Street East - Relocation Carter Moving Cost Reimbursement | TYPE AGENDA ITEM | Consent |
| DATE REQUESTED | July 7, 1998 | DATE SUBMITTED/REVISED | June 15, 1998 |
| BRIEFINGS?WHO? | N/A | CONSEQUENCES IF DEFERRED | N/A |
| DEPARTMENT/DIVISION | Transportation/Land Acquisition | AUTHORIZED BY | Larry R. Mau, P.E.  |
| CONTACT PERSON | Jim Staples | TITLE | Transportation Director |
| TELEPHONE/EXTENSION | 5007 | PRESENTER/TITLE | Jim Staples, Land Acquisition Manager |
| | | TELEPHONE/EXTENSION | 5007  |
| ADMINISTRATIVE APPROVAL  | | | |

ACTION DESIRED

INDICATE WHETHER "REPORT or "DISCUSSION, "FORM OF MOTION, or "OTHER ACTION REQUIRED.

Authorization for payment of moving expense reimbursement to Donethea Carter at a cost of \$775, resulting from the acquisition of her living quarters which were required for the road improvement of 9th Street East, from 301 Boulevard to Manatee Avenue East/SR 64.

ENABLING/REGULATING AUTHORITY

Federal/State law(s), administrative ruling(s), Manatee County Comp Plan/Land Development Code, ordinances, resolutions, policy.)

Comp Plan - Goal 5.1 addresses the safety and efficiency of forecasted vehicular travel demands

The County agreed to handle all of the right-of-way acquisition in accordance with Title 23, Code of Federal Regulations, the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (Title 49, CFR) as amended, Chapters 73, 74, 36, 337, Florida Statutes and any other applicable federal, state, local statutes, or regulations

BACKGROUND/DISCUSSION

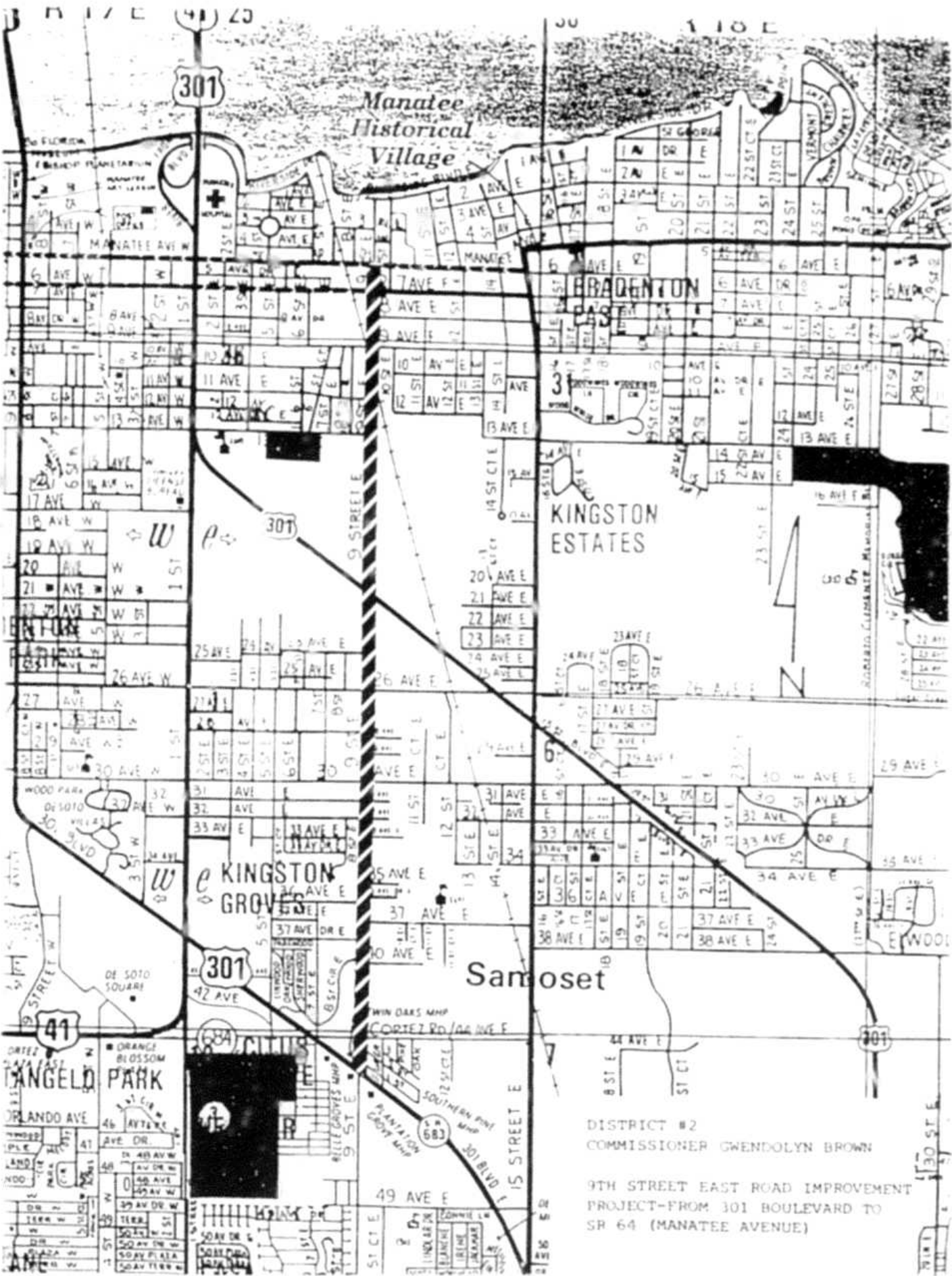
Continued on Page 2.

| | | |
|---|---|--|
| HAS COUNTY ATTORNEY REVIEW BEEN REQUESTED? Indicate "NO" or "YES" @ right. (If "NO," proceed to 1) below; and if "YES," proceed to 2) below) | | NO |
| 1) IF "NO" TO ABOVE: | | |
| A) PLEASE EXPLAIN BELOW: (see also following section 1B) re: contract, agreement, lease, etc. | | |
| Procedure previously approved by the County Attorney's Office | | |
| B) IF A CONTRACT, AGREEMENT, LEASE OR OTHER DOCUMENT WAS PREVIOUSLY APPROVED, STATE YEAR OF LAST USE @ RIGHT | | |
| N/A | | |
| 2) IF "YES" TO FIRST QUESTION IN THIS SECTION: | | |
| A) HAS ENTIRE MATTER, OR ONLY A PORTION, BEEN REVIEWED? IF ONLY A PORTION, WHICH PORTION? | | |
| B) HAVE ALL COMMENTS/SUGGESTIONS RAISED BY COUNTY ATTORNEY BEEN ADDRESSED/INCORPORATED; IF NOT, PLEASE EXPLAIN. A COPY OF FINAL COUNTY ATTORNEY MEMO RE THIS MATTER MUST BE ATTACHED (if comments were verbal, so indicate.) | | |
| ATTACHMENTS: (List in order as attached) | | INSTRUCTIONS TO BOARD RECORDS: |
| 1) Moving Cost Transaction Package 2) Location Map | | Please forward copy of Moving Cost Transaction Package to Sally in Finance |
| COST | \$775 Moving Expense Reimbursement Cost | SOURCE (ACCT# & NAME) 349-315503-541710-03155 9 th Street East Project Funds 309-6002560-561000/6002560-0003 (IFAS #) |
| COMMENTS | N/A | AMT./FREQ. OF RECURRING COSTS (ATTACH FISCAL IMPACT STATEMENT) N/A |

9th Street East Relocation
Carter Moving Cost Reimbursement

BACKGROUND/DISCUSSION

- December 29, 1992, the BCC adopted Resolution R-92-290 and executed a Joint Participation Agreement with the FDOT for the road improvement of 9th Street East, from 301 Boulevard to Manatee Avenue East/SR 64.
- On July 11, 1995, the BCC executed a Contract for Sale and Purchase for a Warranty Deed from Eugene Van Jones, for the purchase of right-of-way required for the road improvement of 9th Street East. The real estate acquisition was for a total take of a duplex, and two additional structures; all of which were rental units.
- Manatee County contracted with Post, Buckley, Schuh & Jernigan, Inc. to perform a replacement housing study for 9th Street East in accordance with the Uniform Relocation Act.
- It was determined that Ms. Carter was not eligible to receive a rental assistance payment, but is eligible to receive a \$775 moving cost reimbursement.
- Ms. Carter has executed the attached Moving Cost Transaction Package.
- BCC authorization is hereby requested to pay the \$775 moving cost reimbursement.



DISTRICT #2
 COMMISSIONER GWENDOLYN BROWN

9TH STREET EAST ROAD IMPROVEMENT
 PROJECT-FROM 301 BOULEVARD TO
 SR 64 (MANATEE AVENUE)

MEMORANDUM

DATE: May 18, 1998

TO: Mr. Jim Staples, Manatee County
Land Acquisition Manager

FROM: Paul W. Maddox, Acquisition Agent
P.B.S.&J.

RE: RHP Ineligibility
Project No : 3155
Project Name : 9th Street East
County : Manatee
Parcel No. : 5.003T
Owner/Displacee : Carter

The Government of Manatee County has acquired a parcel of property at 1218 9th Street East, Bradenton, FL 34208. As tenant/occupants of the property Ms. Donethea Carter (age 49) and her son (age 13) were forced to relocate due to the County's acquisition and subsequent removal of their dwelling.

The displacees had occupied the dwelling for at least 90-days prior to the acquisition. Therefore, eligibility was computed accordingly.

The subject dwelling consisted of a small efficiency unit with one bedroom, one bath a small living area and a kitchen. Upon moving from the 9th street dwelling the displacees moved approximately five miles to a two-bedroom, one bath apartment. The replacement dwelling located at 1545 21st Street East Apt-D29, Bradenton, FL 34208 provides a suitable replacement dwelling and is considered to be DS&S (Decent, Safe and Sanitary)

Original computations by Mr. Fenton indicated that Ms. Carter would be eligible to receive a Rental Supplement Payment and Move Cost Reimbursement. However, a household survey interview revealed that she was receiving rental assistance through Section 8 Housing. Because such assistance is computed according to income and Section 8 considers replacement housing payments as income, it was recognized that a rental assistance payment would damage or possibly eliminate the displacees Section 8 Housing eligibility.

Ms. Carter **will not be eligible** to receive a rental assistance payment. She will be eligible to receive a \$775.00 move cost reimbursement, an amount which represents a one time payment and does not affect her Section 8 eligibility.

Should you have any questions please contact me.

MEMORANDUM

DATE: May 18, 1998

TO: Mr. Jim Staples, Manatee County
Land Acquisition Manager

FROM: Paul W. Maddox, Acquisition Agent
P.B.S.&J.

RE: Scheduled Move Summary

| | | |
|-----------------|---|-----------------|
| Project No | : | 3155 |
| Project Name | : | 9th Street East |
| County | : | Manatee |
| Parcel No. | : | 5.003T |
| Owner/Displacee | : | Carter |

Ms. Donethea Carter is eligible to receive \$775.00 as a reimbursement for a scheduled move. This amount is based on a total room count of three rooms. The breakdown of the room count is as follows: one bedroom, one living room, and a combined total of one room of personal property contained in the bathroom and kitchen.

Should you have any questions please contact me.

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
APPLICATION AND CLAIM FOR REIMBURSEMENT OF MOVING COSTS

FORM 575-040-23
 RIGHT OF WAY
 OGC - 12/96

| | |
|--|---|
| <input type="checkbox"/> PERSONAL PROPERTY ONLY | PROJECT NO. 3155 |
| <input checked="" type="checkbox"/> INDIVIDUAL OR FAMILY | PROJECT NAME 9TH STREET EAST |
| <input type="checkbox"/> BUSINESS | COUNTY MANATEE |
| <input type="checkbox"/> FARM | PARCEL NO. 5 003T |
| <input type="checkbox"/> NONPROFIT | OWNER DONETHEA CARTER |
| CLAIM TYPE APPLIED FOR | AMOUNT APPLIED \$ |
| PL <input type="checkbox"/> PROTECTIVE LEASING | \$ _____ |
| CA <input type="checkbox"/> COMMERCIAL MOVE (ACTUAL COST) | \$ _____ |
| AM <input type="checkbox"/> ACTUAL MOVE COSTS | \$ _____ |
| SM <input checked="" type="checkbox"/> SCHEDULE MOVE | \$ 775.00 |
| SD <input type="checkbox"/> SELF MOVE, DOT ESTIMATE (BUSINESS ONLY) | \$ _____ |
| SA <input type="checkbox"/> SELF MOVE, COMMERCIAL ESTIMATE (BUSINESS ONLY) | \$ _____ |
| AL <input type="checkbox"/> ALTERNATE PAYMENTS | \$ _____ |
| SE <input type="checkbox"/> SEARCH EXPENSES | \$ _____ |
| IL <input type="checkbox"/> IN LIEU OF ACTUAL MOVING EXPENSES (NET INCOME) | \$ _____ |
| RE <input type="checkbox"/> RE-ESTABLISHMENT EXPENSES | \$ _____ |
| ME <input type="checkbox"/> MOVE COST ESTIMATE | \$ _____ |
| PARCEL VACATE DATE <u>on or before July 18, 1995</u> | Subject Address <u>1213 9TH STREET EAST, BRADENTON, FL 34208</u> |
| Relocation services complete with this claim? <input type="checkbox"/> yes <input type="checkbox"/> no | |
| ADVANCED PAYMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| SUIT STYLE <u>N/A</u> | Replacement Address <u>1545 21ST STREET EAST, APARTMENT D-29, BRADENTON, FL 34208</u> |
| DOT FILE # <u>N/A</u> | |

| | |
|--------------------------------------|------------------|
| LEASE/STORAGE FROM <u>N/A</u> | TO <u>N/A</u> |
| LEASE/STORAGE AMOUNT CLAIMED | \$ <u>N/A</u> |
| TRANSPORTATION AMOUNT CLAIMED | \$ <u>N/A</u> |
| SEARCH REIMBURSEMENT CLAIM | \$ <u>N/A</u> |
| RE-ESTABLISHMENT EXPENSES THIS CLAIM | \$ <u>N/A</u> |
| MOVING COST CLAIMED | \$ <u>775.00</u> |
| TOTAL AMOUNT CLAIMED | \$ <u>775.00</u> |
| TOTAL AMOUNT ALLOWED | \$ <u>775.00</u> |
| DIFFERENCE | \$ <u>0-</u> |

MAKE CHECK PAYABLE TO DONETHEA CARTER Vendor ID (if applicable) SS# 267-94-7661

I HEREBY CERTIFY

- A THE ABOVE INFORMATION AND ALL OTHER INFORMATION SUBMITTED HERewith IS TRUE AND CORRECT AND ACCURATELY REFLECT MOVING SERVICES ACTUALLY PERFORMED.
- B THAT NO REIMBURSEMENT OR COMPENSATION HAS BEEN RECEIVED FOR THE AMOUNT OF THIS CLAIM OR ANY PART THEREOF, AND NONE IS CLAIMED OTHER THAN THE CLAIM HEREIN, AND
- C IF AN IN LIEU OF CLAIM IS SELECTED, THE CLAIMANT HAS NOT, NOR DOES HE/SHE INTEND TO AMEND OR REVISE THE INCOME TAX RETURNS SUBMITTED HERewith, AND FURTHER CERTIFIES THAT THE CLAIMANT HAS NOT RECEIVED NOTICE OR OTHER INDICATION THAT SAID RETURNS ARE OR MAY BE INCORRECT.
- D IF ADVANCE PAYMENT IS MADE PRIOR TO THE MOVE, THE CLAIMANT WILL COMPLY WITH THE SAME REQUIREMENTS EXPECTED FOR DISBURSEMENT OF A REGULAR PAYMENT FOR MOVING AND RELATED EXPENSES, IN THE MOVING OF PERSONALTY FROM THE ACQUIRED PROPERTY. I FURTHER CERTIFY THAT THIS PAYMENT SATISFIES ALL CLAIMS FOR ITEMS LISTED ON THIS CLAIM.
- E THAT THIS PAYMENT SATISFIES ALL CLAIMS FOR REIMBURSEMENT FOR ITEMS, OR PARTS OF ITEMS, AS THEY ARE LISTED IN THIS CLAIM.
- F CLAIMANT HAS BEEN ADVISED THEIR CLAIM WILL BE REVIEWED FOR APPROVAL OF PAYMENT WITHIN 10 WORKING DAYS OF RECEIPT BY THE DEPARTMENT AT ITS OFFICE LOCATED AT 11201 N MCKINLEY DRIVE, TAMPA, FLORIDA 33612-6403.

CLAIMANT NAME DONETHEA CARTER SOCIAL SECURITY/FED ID # 267-94-7661

CLAIMANT SIGNATURE Donetha Carter DATE 05/12/98

ADDRESS 1545 21ST STREET EAST, APARTMENT D-29, BRADENTON, FL 34208

I HEREBY CERTIFY
 THE PERSONAL PROPERTY HAS BEEN REMOVED, OR WORK HAS BEEN COMPLETED, AS STATED
 THE CLAIMANT IS ELIGIBLE FOR RELOCATION MOVING EXPENSES CLAIMED

SUBMITTED Rita Madsen ACQUISITION AGENT I DATE 05/12/98
DOT AGENT

REVIEWED _____ SIGNATURE _____ TITLE _____ DATE _____

APPROVED Joe Stepler SIGNATURE _____ M. Madsen TITLE _____ 05/21/98 DATE _____

RECYCLED PAPER

APPROVED IN OPEN SESSION

JUL 07 1998

BOARD OF COUNTY COMMISSIONERS
 MANATEE COUNTY, FLORIDA

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
MOVING COST TRANSACTION PACKAGE

FDOT 77-2001
 03/07/98

PROJECT NO.: 3155
 PROJECT NAME: 9th Street East
 COUNTY: Manatee
 PARCEL NO.: 5.003T
 OWNER/DISPLACED: Carter

| | | | |
|---|--|--|--|
| DISPLACEE NAME Donetha, Carter | | ELIGIBILITY CODE 05 | |
| MAKE WARRANT PAYABLE TO Donetha Carter | | AMOUNT: \$ 775.00 | <input type="checkbox"/> REGULAR PAYMENT <input type="checkbox"/> PARTIAL PAYMENT (Balance -0-) |
| | | <input type="checkbox"/> ADVANCE CLAIM <input type="checkbox"/> ADVANCE PAYMENT | |

| I T E M | DOCUMENT TYPE | FORM # | TYPE OF PAYMENT | | | | | | | | | | | APPROVED | ADJUSTED | | |
|------------------|---|--------|-----------------|----|----|----|----|----|----|----|----|----|----|----------|----------|--|---|
| | | | PL | ME | AL | AM | CA | FL | RE | SA | SD | SE | SM | | | | |
| 1 | APPLICATION AND CLAIM | 23 | X | X | X | X | X | X | X | X | X | X | X | X | X | | X |
| 2 | PAYMENT CALCULATION | 20 | | X | X | X | X | X | X | X | X | X | X | X | X | | X |
| 3 | RECEIPT / INVOICES | | | X | | X | X | | X | * | X | X | | | | | |
| 4 | INVENTORY BEFORE MOVE | 17 | | | | | X | | | | X | X | | | | | |
| 5 | INVENTORY AFTER MOVE | 17 | | | | | X | | | | X | X | | | | | |
| 6 | MOVE COST PROPOSAL (LOW) | 15 | | X | | | X | | | | X | | | | | | |
| 7 | MOVE COST PROPOSAL (HIGH) | 15 | | X | | | X | | | | X | | | | | | |
| 8 | ESTIMATE STAFF | 15 | | | | | | | | | | X | | | | | |
| 9 | FIXED PAYMENT SUPPORT | | | | | | | X | | | | | | | | | |
| 10 | SEARCH EXPENSE LOG | 26 | | | | | | | | | | | X | | | | |
| 11 | MONITORING REPORT (IF DEEMED NECESSARY) | | | | | | X | | | | X | X | | | | | |
| 12 | ALTERNATE PAYMENT SUPPORT | | | | X | | | | | | | | | | | | |
| 13 | LEASE OR RENT COMPENSATION AGREEMENT | | X | | | | | | | | | | | | | | |
| | LIST OTHERS AS REQUIRED: | | | | | | | | | | | | | | | | |
| 14 | SUMMARY WORKSHEET | | | | | | | | | | | | | | X | | X |
| 15 | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | |

*Receipts and documentation only necessary when it exceeds the amount of the lower of proposals less profit and overhead. See Chapter 9, Section 3 of Right-of-Way Manual.

REMARKS : Claim represents payment for a three room scheduled move. APPROVED IN OPEN SESSION

JUL 07 1998

| | | | |
|--|--|--|--|
| PREPARED BY: <u>[Signature]</u> Acquisition Agent I SIGNATURE/TITLE, FDOT | | BOARD OF COUNTY COMMISSIONERS MANATEE COUNTY, FLORIDA DATE: <u>5/10/98</u> | |
| REVIEWED BY: _____ SIGNATURE/TITLE, FDOT | | DATE: _____ | |
| APPROVED BY: <u>[Signature]</u> Manager SIGNATURE/TITLE, FDOT | | DATE: <u>May 21, 1998</u> | |

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
MOVING EXPENSE CALCULATION AND PAYMENT DETERMINATION

FORM 575-040-20
 RIGHT OF WAY
 OGC 12/96

| | | |
|--|---|---|
| <input type="checkbox"/> BUSINESS <input type="checkbox"/> FARM <input type="checkbox"/> NON-PROFIT ORGANIZATION | <input checked="" type="checkbox"/> INDIVIDUAL OR FAMILY <input type="checkbox"/> PERSONAL PROPERTY ONLY | PROJECT NO.: <u>3155</u> PROJECT NAME: <u>9TH STREET EAST</u> COUNTY: <u>MANATEE</u> PARCEL NO.: <u>5.003T</u> OWNER: <u>CARTER</u> |
| CURRENT ADDRESS: 1218 9th Street East, Bradenton, FL 34208 | | |

| | |
|--|-------------------------------|
| NEW LOCATION ADDRESS: 1545 21st Street East D-29, Bradenton, FL 34205 | DISTANCE OF MOVE: 5+ miles |
|--|-------------------------------|

DESCRIPTION OF MERCHANDISE AND/OR SERVICES RENDERED:
 Claim represents a three room schedule move.

| | |
|---|-----------------|
| A. ACTUAL COSTS: RECEIPTED BILLS/INVOICES | TOTAL AMOUNT \$ |
|---|-----------------|

| | |
|----------------------------|--|
| B. SCHEDULE AMOUNT: | |
|----------------------------|--|

| | | |
|-----------------|---|--------------------|
| 1. UNFURNISHED: | 1 ROOM @ \$450 2 ROOMS @ \$600 3 ROOMS @ \$775 4 ROOMS @ \$950 PLUS NUMBER ADD'L. ROOMS <u>0</u> X \$125 | = \$ <u>775.00</u> |
| 2. FURNISHED: | 1 ROOM @ \$300 PLUS NUMBER ADD'L. ROOMS _____ X \$50 | = \$ _____ |
| 3. COMBINATION: | BEGIN WITH UNFURNISHED USING ABOVE APPROPRIATE AMOUNTS PLUS NUMBER FURNISHED ROOMS _____ X \$50 | = \$ _____ |

| | |
|---|---|
| C. ESTIMATE BY () COMMERCIAL MOVER OR () DOT: MAN HOURS _____ X COST PER MAN HOURS \$ _____ TYPE VEHICLE _____ # OF HRS. _____ X COST PER VEHICULAR HR. \$ _____ C W T _____ @ \$ _____ SUBCONTRACTED SERVICES: _____ | = \$ <u>N/A</u> = \$ _____ = \$ _____ = \$ _____ = \$ _____ |
| TOTAL | = \$ _____ |

| | |
|--|---|
| D. ALTERNATE (BUSINESS RELOCATING - LOW VALUE/HIGH BULK ITEMS) 1. REPLACEMENT COST OF PERSONAL PROPERTY 2. NET PROCEEDS FROM SALE OF PERSONAL PROPERTY MOVE ALLOWANCE IF LESS THAN "C" ABOVE (BUSINESS DISCONTINUED): 1. DEPRECIATED VALUE OF PROPERTY IN PLACE 2. NET PROCEEDS FROM SALE OF PERSONAL PROPERTY MOVE ALLOWANCE IF LESS THAN "C" ABOVE | = \$ <u>N/A</u> = \$ _____ = \$ _____ = \$ _____ = \$ _____ = \$ _____ |
|--|---|

| | |
|---|---|
| E. ADVERTISING SIGNS: 1. ESTIMATED COST TO MOVE (FROM SECTION "C" ABOVE) 2. DEPRECIATED REPRODUCTION COST, LESS SALE PROCEEDS, IF APPLICABLE ALLOWANCE IF SIGN IS NOT MOVED | = \$ <u>N/A</u> = \$ _____ = \$ _____ |
|---|---|

| | |
|---|--|
| F. IN LIEU OF ACTUAL MOVING EXPENSES: NET EARNINGS FOR 2 YEARS PRECEDING TAXABLE YEAR BUSINESS IS RELOCATED: 19__ \$ _____ 19__ \$ _____ TOTAL \$ _____ AVERAGE \$ _____ | LESS THAN 2 YEARS OPERATION (WITHIN 2 TAXABLE YEARS PERIOD): NET EARNINGS: \$ <u>N/A</u> DIVIDED BY MONTHS _____ EQUALS \$ _____ X 12 EQUALS TOTAL \$ _____ |
|---|--|




| | |
|--|---|
| G. SEARCH EXPENSES (\$1,000 LIMIT) 1. TRANSPORTATION AND MEALS 2. LODGING AWAY FROM HOME 3. TIME SPENT SEARCHING (REASONABLE SALARY) 4. FEES PAID TO REAL ESTATE AGENT/BROKER | = \$ <u>N/A</u> = \$ _____ = \$ _____ = \$ _____ |
|--|---|

| | |
|--|---|
| H. REESTABLISHMENT EXPENSES (\$10,000 LIMIT) 1. REPAIRS, MODIFICATION 2. UTILITIES 3. IMPACT FEES 4. SURVEYS, SOIL TESTING, MARKETING STUDIES 5. PROFESSIONAL SERVICES 6. INCREASED OPERATING COSTS 7. OTHER | = \$ <u>N/A</u> = \$ _____ = \$ _____ = \$ _____ = \$ _____ = \$ _____ = \$ _____ |
|--|---|

STORAGE CHARGES \$ 0 TOTAL AMOUNT OF MOVE CLAIM \$ 775.00
 THE UNDERSIGNED CERTIFY THAT MOVING COSTS INCLUDE: DISMANTLING, DISCONNECTING, CRATING, LOADING, TRANSPORTING, UNLOADING, RECONNECTING, AND REINSTALLING OF PERSONAL PROPERTY, INCLUDING SERVICE CHARGES IN CONNECTION THEREWITH, IF APPLICABLE, EXCLUSIVE OF THE COST OF ANY ADDITIONS, IMPROVEMENT, ALTERATIONS OR OTHER PHYSICAL CHANGES IN OR TO ANY STRUCTURE AT THE NEW LOCATION.

| | | |
|--|--|---|
| <input type="checkbox"/> DOT ESTIMATE SIGNATURE REQUIRED _____ SUBMITTED BY: <u>Paul W. ...</u> APPROVED BY: <u>Paul W. ...</u> | <input type="checkbox"/> COMMERCIAL MOVE: SIGNATURE NOT REQUIRED FOR COMMERCIAL OR SCHEDULE MOVE Acquisition Agent I <u>Manager</u> | <input checked="" type="checkbox"/> SCHEDULED MOVE SIGNATURE NOT REQUIRED FOR COMMERCIAL OR SCHEDULE MOVE 05/12/98 <u>May 21, 1998</u> |
| SIGNATURE | TITLE | DATE |

**MANATEE COUNTY GOVERNMENT
AGENDA MEMORANDUM**

| | | | |
|--|--|---------------------------------|--|
| SUBJECT | 9 th Street East - Relocation Martin/Smith Moving Cost Reimbursement | TYPE AGENDA ITEM | Consent |
| DATE REQUESTED | July 7, 1998 | DATE SUBMITTED/REVISED | June 15, 1998 |
| BRIEFINGS?WHO? | N/A | CONSEQUENCES IF DEFERRED | N/A |
| DEPARTMENT/DIVISION | Transportation/Land Acquisition | AUTHORIZED BY | Larry R. Mau, P.E.  |
| CONTACT PERSON | Jim Staples | TITLE | Transportation Director |
| TELEPHONE/EXTENSION | 5007 | PRESENTER/TITLE | Jim Staples, Land Acquisition Manager |
| | | TELEPHONE/EXTENSION | 5007  |
| ADMINISTRATIVE APPROVAL  | | | |

ACTION DESIRED

INDICATE WHETHER "REPORT or "DISCUSSION, "FORM OF MOTION, or "OTHER ACTION REQUIRED.

Authorization for payment of moving expense reimbursement to Mary Love Martin and Johnny Smith at a cost of \$775, resulting from the acquisition of their living quarters which were required for the road improvement of 9th Street East, from 301 Boulevard to Manatee Avenue East/SR 64.

ENABLING/REGULATING AUTHORITY

Federal/State law(s), administrative ruling(s), Manatee County Comp Plan/Land Development Code, ordinances, resolutions, policy.)

Comp Plan - Goal 5.1 addresses the safety and efficiency of forecasted vehicular travel demands.

The County agreed to handle all of the right-of-way acquisition in accordance with Title 23, Code of Federal Regulations, the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (Title 49, CFR) as amended, Chapters 73, 74, 36, 337 Florida Statutes and any other applicable federal, state, local statutes, or regulations.

BACKGROUND/DISCUSSION

Continued on Page 2.

HAS COUNTY ATTORNEY REVIEW BEEN REQUESTED? Indicate "NO" or "YES" @ right. (If "NO," proceed to 1) below; and if "YES," proceed to 2) below) NO

1) IF "NO" TO ABOVE.

A) PLEASE EXPLAIN BELOW: (see also following section 1B) re: contract, agreement, lease, etc.

Procedure previously approved by the County Attorney's Office

B) IF A CONTRACT, AGREEMENT, LEASE OR OTHER DOCUMENT WAS PREVIOUSLY APPROVED, STATE YEAR OF LAST USE @ RIGHT N/A

2) IF "YES" TO FIRST QUESTION IN THIS SECTION.

A) HAS ENTIRE MATTER, OR ONLY A PORTION, BEEN REVIEWED? IF ONLY A PORTION, WHICH PORTION?

B) HAVE ALL COMMENTS/SUGGESTIONS RAISED BY COUNTY ATTORNEY BEEN ADDRESSED/INCORPORATED; IF NOT, PLEASE EXPLAIN. A COPY OF FINAL COUNTY ATTORNEY MEMO RE THIS MATTER **MUST BE ATTACHED** (if comments were verbal, so indicate.)

ATTACHMENTS: (List in order as attached)

- 1) Moving Cost Transaction Package
- 2) Location Map

INSTRUCTIONS TO BOARD RECORDS:

Please forward copy of Moving Cost Transaction Package to Sally in Finance

COST \$775 Moving Expense Reimbursement Cost

SOURCE (ACCT# & NAME) 349-315503-541710-03155 9th Street East Project Funds
309-6002560-561000/6002560-0003 (IFAS #)

COMMENTS N/A

AMT./FREQ. OF RECURRING COSTS N/A
(ATTACH FISCAL IMPACT STATEMENT)

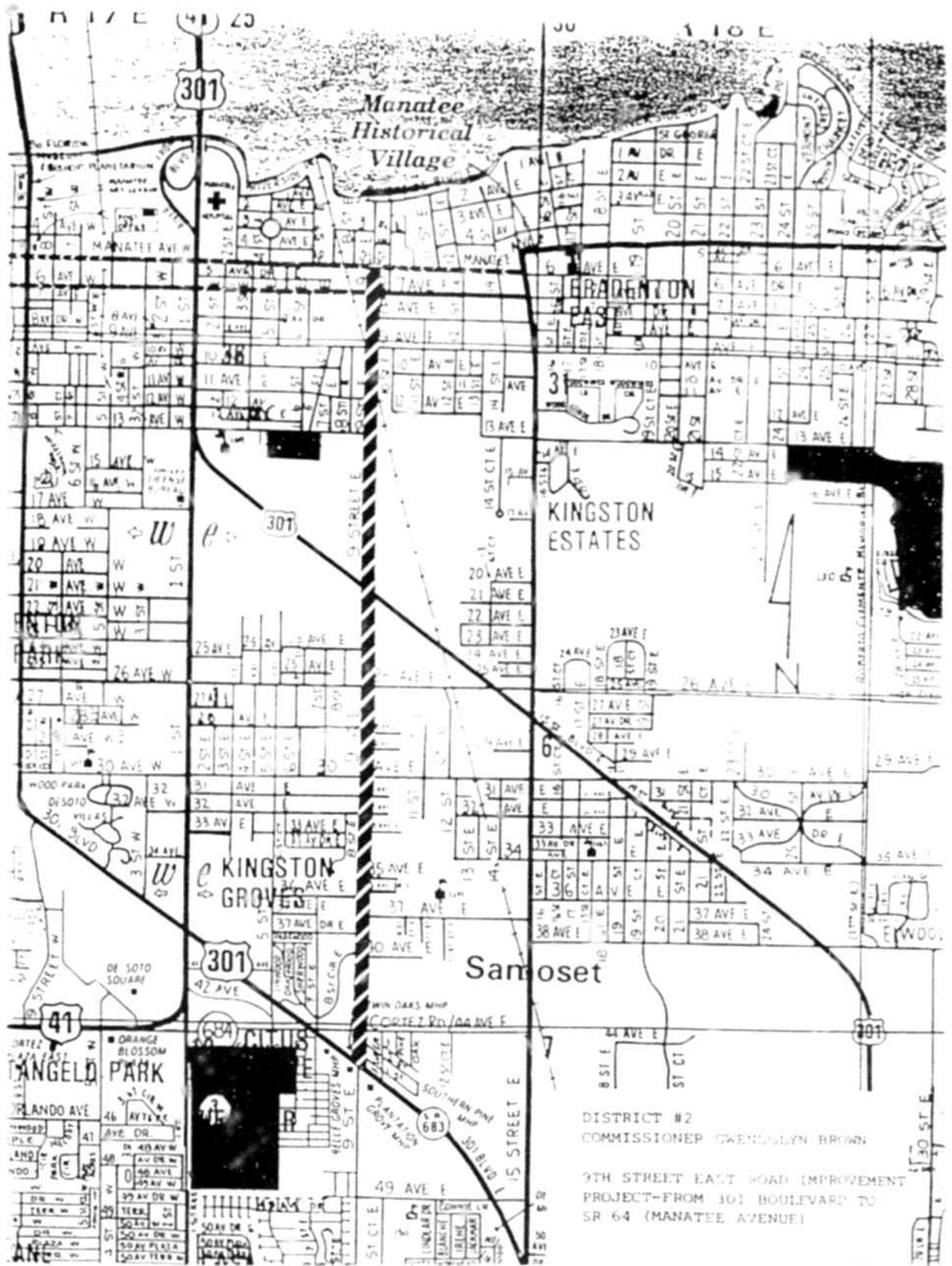
JUL 07 1998

51.

**9th Street East Relocation
Martin and Smith Moving Cost Reimbursement**

BACKGROUND/DISCUSSION

- December 29, 1992, the BCC adopted Resolution R-92-290 and executed a Joint Participation Agreement with the FDOT for the road improvement of 9th Street East, from 301 Boulevard to Manatee Avenue East/SR 64.
- On July 11, 1995, the BCC executed a Contract for Sale and Purchase for a Warranty Deed from Eugene Van Jones, for the purchase of right-of-way required for the road improvement of 9th Street East. The real estate acquisition was for a total take of a duplex, and two additional structures; all of which were rental units.
- Manatee County contracted with Post, Buckley, Schuh & Jernigan, Inc. to perform a replacement housing study for 9th Street East in accordance with the Uniform Relocation Act.
- It was determined that Ms. Mary Love Martin and Mr. Johnny Smith are eligible to receive a \$775 moving cost reimbursement.
- Ms. Martin and Mr. Smith have executed the attached Moving Cost Transaction Package.
- BCC authorization is hereby requested to pay the \$775 moving cost reimbursement.



Manatee
Historical
Village

BRADENTON

KINGSTON
ESTATES

KINGSTON
GROVES

Samoset

DISTRICT #2
COMMISSIONER GWENDOLYN BROWN

9TH STREET EAST ROAD IMPROVEMENT
PROJECT-FROM 301 BOULEVARD TO
SR 64 (MANATEE AVENUE)

MEMORANDUM

DATE: May 18, 1998

TO: Mr. Jim Staples, Manatee County
Land Acquisition Manager

FROM: Paul W. Maddox, Acquisition Agent
P.B.S.&J.

RE: Scheduled Move Summary

| | | |
|-----------------|---|-----------------|
| Project No. | : | 3155 |
| Project Name | : | 9th Street East |
| County. | : | Manatee |
| Parcel No. | : | 5.002T |
| Owner/Displacee | : | Martin, Smith |

Ms. Mary L. Martin and Mr. Johnny Smith are eligible to receive \$775.00 as a reimbursement for a scheduled move. This amount is based on a total room count of three rooms. The breakdown of the room count is as follows: one bedroom, one living room, and a combined total of one room of personal property contained in the bathroom and kitchen.

Should you have any questions please contact me.

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
APPLICATION FOR CLAIM FOR REIMBURSEMENT OF MOVING COSTS

FORM 575-040-23
 RIGHT OF WAY
 OGC - 12/96

() PERSONAL PROPERTY ONLY
 () INDIVIDUAL OR FAMILY
 () BUSINESS
 () FARM
 () NONPROFIT

PROJECT NO 155
 PROJECT NAME 7TH STREET EAST
 COUNTY MANATEE
 DP NO _____
 OWNER MANATEE COUNTY

CLAIM TYPE APPLIED FOR

PL () PROTECTIVE LEASING
 CA () COMMERCIAL MOVE (ACTUAL COST)
 AM () ACTUAL MOVE COSTS
 SM () SCHEDULE MOVE
 SD () SELF MOVE, DOT ESTIMATE (BUSINESS ONLY)
 SA () SELF MOVE, COMMERCIAL ESTIMATE (BUSINESS ONLY)
 AL () ALTERNATE PAYMENTS
 SE () SEARCH EXPENSES
 IL () IN LIEU OF ACTUAL MOVING EXPENSES (NET INCOME)
 RE () RE-ESTABLISHMENT EXPENSES
 ME () MOVE COST ESTIMATE

AMOUNT APPLIED FOR

\$ _____
 \$ _____
 \$ _____
 \$ 715.00
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

PARCEL VACATE DATE JULY 18, 1915

Subject Address 1218 7TH STREET E. BRADENTON FL 34208

Relocation services complete with this claim? YES NO

ADVANCED PAYMENT? YES NO

Replacement Address 1505 WOODWIND LAKE EAST, BRADENTON, FL 34208

SUIT STYLE _____
 DOT File # _____

| | |
|--------------------------------------|------------------|
| LEASE/STORAGE FROM _____ TO _____ | <u>N/A</u> |
| LEASE/STORAGE AMOUNT CLAIMED | \$ <u>N/A</u> |
| TRANSPORTATION AMOUNT CLAIMED | \$ <u>N/A</u> |
| SEARCH REIMBURSEMENT CLAIM | \$ <u>N/A</u> |
| RE-ESTABLISHMENT EXPENSES THIS CLAIM | \$ <u>N/A</u> |
| MOVING COST CLAIMED | \$ <u>715.00</u> |
| TOTAL AMOUNT CLAIMED | \$ <u>715.00</u> |
| TOTAL AMOUNT ALLOWED | \$ <u>172.00</u> |
| DIFFERENCE | \$ <u>-</u> |

MAKE CHECK PAYABLE TO MARY LOVE MARTIN & JOHNNY SMITH Vendor ID (if applicable) 721-16-3568
116-30-6317

I HEREBY CERTIFY

- A. THE ABOVE INFORMATION AND ALL OTHER INFORMATION SUBMITTED HERewith IS TRUE AND CORRECT AND ACCURATELY REFLECT MOVING SERVICES ACTUALLY PERFORMED.
- B. THAT NO REIMBURSEMENT OR COMPENSATION HAS BEEN RECEIVED FOR THE AMOUNT OF THIS CLAIM OR ANY PART THEREOF, AND NONE IS CLAIMED OTHER THAN THE CLAIM HEREIN; AND
- C. IF AN IN LIEU OF CLAIM IS SELECTED, THE CLAIMANT HAS NOT, NOR DOES HE/SHE INTEND TO AMEND OR REVISE THE INCOME TAX RETURNS SUBMITTED HERewith, AND FURTHER CERTIFIES THAT THE CLAIMANT HAS NOT RECEIVED NOTICE OR OTHER INDICATION THAT SAID RETURNS ARE OR MAY BE INCORRECT
- D. IF ADVANCE PAYMENT IS MADE PRIOR TO THE MOVE, THE CLAIMANT WILL COMPLY WITH THE SAME REQUIREMENTS EXPECTED FOR DISBURSEMENT OF A REGULAR PAYMENT FOR MOVING AND RELATED EXPENSES, IN THE MOVING OF PERSONALITY FROM THE ACQUIRED PROPERTY. I FURTHER CERTIFY THAT THIS PAYMENT SATISFIES ALL CLAIMS FOR ITEMS LISTED ON THIS CLAIM
- E. THAT THIS PAYMENT SATISFIES ALL CLAIMS FOR REIMBURSEMENT FOR ITEMS, OR PARTS OF ITEMS, AS THEY ARE LISTED IN THIS CLAIM.
- F. CLAIMANT HAS BEEN ADVISED THEIR CLAIM WILL BE REVIEWED FOR APPROVAL OF PAYMENT WITHIN 10 WORKING DAYS OF RECEIPT BY THE DEPARTMENT AT ITS OFFICE LOCATED AT 11201 N MCKINLEY DRIVE, TAMPA, FLORIDA 33612-6403

CLAIMANT NAME MARY LOVE MARTIN & JOHNNY SMITH SOCIAL SECURITY/FED ID # 721-16-3308
116-30-6317

CLAIMANT SIGNATURE JOHNNY SMITH DATE 5/5/98

ADDRESS 1505 WOODWIND LAKE EAST, BRADENTON, FL 34208

I HEREBY CERTIFY

- () THE PERSONAL PROPERTY HAS BEEN REMOVED, OR WORK HAS BEEN COMPLETED, AS STATED
- () THE CLAIMANT IS ELIGIBLE FOR RELOCATION MOVING EXPENSES CLAIMED

SUBMITTED Paula Spalding DATE 5/5/98
 DOT AGENT

APPROVED IN OPEN SESSION

REVIEWED _____

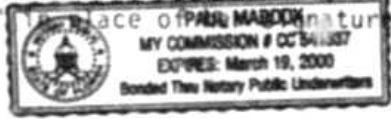
APPROVED Paula Spalding SIGNATURE JUL 07 1998

TITLE Manager DATE May 21, 1998

SIGNATURE _____
 BOARD OF COUNTY COMMISSIONERS
 MANATEE COUNTY, FLORIDA

RECYCLED PAPER

County of Manatee) State of Florida) Before me this 5th day of May, 1998, appeared Mary Love Martin, who executed the above application as Claimant and used an "X" in place of PAUL MABOODIN's signature, and she acknowledged before me that she executed same.



Paula Spalding
 Notary Public, State of Florida at Large

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
MOVING COST TRANSACTION PACKAGE

FDOT 11-100-1
 03/97 10 2014

PROJECT NO.: 3155
 PROJECT NAME: 9th Street East
 COUNTY: Manatee
 PARCEL NO.: 5.002T
 OWNER/DISPLACED: Martin, Smith

| | | | | | |
|---|------------------------|--|----------------------|--|--|
| DISPLACEE NAME Mary L. Martin and Johnny Smith | ELIGIBILITY CODE 05 | MAKE WARRANT PAYABLE TO Mary L. Martin and Johnny Smith | AMOUNT: \$ 775.00 | <input type="checkbox"/> REGULAR PAYMENT <input type="checkbox"/> PARTIAL PAYMENT (Balance -0-) | <input type="checkbox"/> ADVANCE CLAIM <input type="checkbox"/> ADVANCE PAYMENT |
|---|------------------------|--|----------------------|--|--|

| I T E M | DOCUMENT TYPE | FORM # | TYPE OF PAYMENT | | | | | | | | | | | | Auto- Paid | Other- Paid | |
|------------------|---|--------|-----------------|----|----|----|----|----|----|----|----|----|----|---|---------------|----------------|---|
| | | | PL | ME | AL | AM | CA | IL | PL | SA | SD | SE | SM | | | | |
| 1 | APPLICATION AND CLAIM | 23 | X | X | X | X | X | X | X | X | X | X | X | X | X | | X |
| 2 | PAYMENT CALCULATION | 20 | | X | X | X | X | X | X | X | X | X | X | X | X | | X |
| 3 | RECEIPT / INVOICES | | | X | | X | X | | X | * | X | X | | | | | |
| 4 | INVENTORY BEFORE MOVE | 17 | | | | | X | | | | X | X | | | | | |
| 5 | INVENTORY AFTER MOVE | 17 | | | | | X | | | | X | X | | | | | |
| 6 | MOVE COST PROPOSAL (LOW) | 15 | | X | | | X | | | | X | | | | | | |
| 7 | MOVE COST PROPOSAL (HIGH) | 15 | | X | | | X | | | | X | | | | | | |
| 8 | ESTIMATE STAFF | 15 | | | | | | | | | | X | | | | | |
| 9 | FIXED PAYMENT SUPPORT | | | | | | | X | | | | | | | | | |
| 10 | SEARCH EXPENSE LOG | 26 | | | | | | | | | | | | X | | | |
| 11 | MONITORING REPORT (IF DEEMED NECESSARY) | | | | | | X | | | | X | X | | | | | |
| 12 | ALTERNATE PAYMENT SUPPORT | | | | X | | | | | | | | | | | | |
| 13 | LEASE OR RENT COMPENSATION AGREEMENT | | X | | | | | | | | | | | | | | |
| | LIST OTHERS AS REQUIRED: | | | | | | | | | | | | | | | | |
| 14 | SUMMARY WORKSHEET | | | | | | | | | | | | | | X | | X |
| 15 | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | |

*Receipts and documentation only necessary when it exceeds the amount of the lower of proposals less profit and overhead. See Chapter 9, Section 3 of Right-of-Way Manual.

REMARKS : Claim represents payment for a three room scheduled move. APPROVED IN OPEN SESSION

JUL 07 1998

PREPARED BY: *Paul W. Moffat* Acquisition Agent I MANATEE COUNTY, FLORIDA 05/18/98
 SIGNATURE/TITLE, FDOT DATE

REVIEWED BY: _____
 SIGNATURE/TITLE, FDOT DATE

APPROVED BY: *Jim Slatto* Manager 07/21/1998
 SIGNATURE/TITLE, FDOT DATE

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
MOVING EXPENSE CALCULATION AND PAYMENT DETERMINATION

FORM 575-040-20
 RIGHT OF WAY
 OGC 12-96

| | | |
|--|---|--|
| <input type="checkbox"/> BUSINESS <input type="checkbox"/> FARM <input type="checkbox"/> NON-PROFIT ORGANIZATION | <input checked="" type="checkbox"/> INDIVIDUAL OR FAMILY <input type="checkbox"/> PERSONAL PROPERTY ONLY | PROJECT NO.: <u>3155</u> PROJECT NAME: <u>9TH STREET EAST</u> COUNTY: <u>MANATEE</u> PARCEL NO.: <u>5.002T</u> OWNER: <u>Martin, Smith</u> |
| CURRENT ADDRESS: 1218 9th Street East, Bradenton, FL 34208 | | |

| | |
|---|-------------------------------|
| NEW LOCATION ADDRESS: 1505 Woodwind Lane East, Bradenton, FL 34208 | DISTANCE OF MOVE: 3+ miles |
|---|-------------------------------|

DESCRIPTION OF MERCHANDISE AND/OR SERVICES RENDERED:
 Claim represents a three room schedule move.

| | |
|--|-----------------|
| A. ACTUAL COSTS: RECEIPTED BILLS/INVOICES | TOTAL AMOUNT \$ |
|--|-----------------|

| | |
|---|--------------------|
| B. SCHEDULE AMOUNT: | |
| 1. UNFURNISHED: 1 ROOM @ \$450 2 ROOMS @ \$600 3 ROOMS @ \$775 4 ROOMS @ \$950 PLUS NUMBER ADD'L. ROOMS <u>0</u> X \$125 | = \$ <u>775.00</u> |
| 2. FURNISHED: 1 ROOM @ \$300 PLUS NUMBER ADD'L. ROOMS _____ X \$50 | = \$ _____ |
| 3. COMBINATION: BEGIN WITH UNFURNISHED USING ABOVE APPROPRIATE AMOUNTS PLUS NUMBER FURNISHED ROOMS _____ X \$50 | = \$ _____ |

| | |
|---|-----------------|
| C. ESTIMATE BY <input type="checkbox"/> COMMERCIAL MOVER OR <input type="checkbox"/> DOT: | |
| MAN HOURS _____ X COST PER MAN HOURS \$ _____ | = \$ <u>N/A</u> |
| TYPE VEHICLE _____ | |
| # OF HRS. _____ X COST PER VEHICULAR HR. \$ _____ | = \$ _____ |
| C W T _____ @ \$ _____ | = \$ _____ |
| SUBCONTRACTED SERVICES: _____ | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| TOTAL | = \$ _____ |

| | |
|---|-----------------|
| D. ALTERNATE (BUSINESS RELOCATING - LOW VALUE/HIGH BULK ITEMS) | |
| 1. REPLACEMENT COST OF PERSONAL PROPERTY | = \$ <u>N/A</u> |
| 2. NET PROCEEDS FROM SALE OF PERSONAL PROPERTY MOVE ALLOWANCE IF LESS THAN "C" ABOVE (BUSINESS DISCONTINUED): | = \$ _____ |
| 1. DEPRECIATED VALUE OF PROPERTY IN PLACE | = \$ _____ |
| 2. NET PROCEEDS FROM SALE OF PERSONAL PROPERTY MOVE ALLOWANCE IF LESS THAN "C" ABOVE | = \$ _____ |

| | |
|---|-----------------|
| E. ADVERTISING SIGNS: | |
| 1. ESTIMATED COST TO MOVE (FROM SECTION "C" ABOVE) | = \$ <u>N/A</u> |
| 2. DEPRECIATED REPRODUCTION COST, LESS SALE PROCEEDS, IF APPLICABLE ALLOWANCE IF SIGN IS NOT MOVED | = \$ _____ |

| | |
|--|--|
| F. IN LIEU OF ACTUAL MOVING EXPENSES: | |
| NET EARNINGS FOR 2 YEARS PRECEDING TAXABLE YEAR BUSINESS IS RELOCATED: | LESS THAN 2 YEARS OPERATION (WITHIN 2 TAXABLE YEARS PERIOD): |
| 19__ \$ _____ | NET EARNINGS: \$ <u>N/A</u> |
| 19__ \$ _____ | DIVIDED BY MONTHS _____ |
| TOTAL \$ _____ | EQUALS \$ _____ X 12 |
| AVERAGE \$ _____ | EQUALS TOTAL \$ _____ |

| | |
|---|-----------------|
| G. SEARCH EXPENSES (\$1,000 LIMIT) | |
| 1. TRANSPORTATION AND MEALS | = \$ <u>N/A</u> |
| 2. LODGING AWAY FROM HOME | = \$ _____ |
| 3. TIME SPENT SEARCHING (REASONABLE SALARY) | = \$ _____ |
| 4. FEES PAID TO REAL ESTATE AGENT/BROKER | = \$ _____ |

| | |
|--|-----------------|
| H. REESTABLISHMENT EXPENSES (\$10,000 LIMIT) | |
| 1. REPAIRS, MODIFICATION | = \$ <u>N/A</u> |
| 2. UTILITIES | = \$ _____ |
| 3. IMPACT FEES | = \$ _____ |
| 4. SURVEYS, SOIL TESTING, MARKETING STUDIES | = \$ _____ |
| 5. PROFESSIONAL SERVICES | = \$ _____ |
| 6. INCREASED OPERATING COSTS | = \$ _____ |
| 7. OTHER | = \$ _____ |

STORAGE CHARGES \$ 0 TOTAL AMOUNT OF MOVE CLAIM \$ 775.00
 THE UNDERSIGNED CERTIFY THAT MOVING COSTS INCLUDE: DISMANTLING, DISCONNECTING, CRATING, LOADING, TRANSPORTING, UNLOADING, RECONNECTING, AND REINSTALLING OF PERSONAL PROPERTY, INCLUDING SERVICE CHARGES IN CONNECTION THEREWITH, IF APPLICABLE, EXCLUSIVE OF THE COST OF ANY ADDITIONS, IMPROVEMENT, ALTERATIONS OR OTHER PHYSICAL CHANGES IN OR TO ANY STRUCTURE AT THE NEW LOCATION.

| | | |
|--|---|--|
| <input type="checkbox"/> DOT ESTIMATE | <input type="checkbox"/> COMMERCIAL MOVE: | <input checked="" type="checkbox"/> SCHEDULED MOVE |
| SIGNATURE REQUIRED _____ | | SIGNATURE NOT REQUIRED FOR COMMERCIAL OR SCHEDULE MOVE |
| SUBMITTED BY: <u>Paul W. Yarbrough</u> Acquisition Agent I | | <u>05/12/98</u> |
| APPROVED BY: <u>Paul W. Yarbrough</u> SIGNATURE | APPROVED IN OPEN SESSION | DATE: <u>May 21, 1998</u> |