




**MANATEE COUNTY GOVERNMENT**  
**AGENDA MEMORANDUM**

<b>SUBJECT</b>	9 <sup>th</sup> Street East - Relocation Wilson Moving Cost Reimbursement	<b>TYPE AGENDA ITEM</b>	Consent
<b>DATE REQUESTED</b>	July 7, 1998	<b>DATE SUBMITTED/REVISED</b>	June 26, 1998
<b>BRIEFING BY/WHO?</b>	N/A	<b>CONSEQUENCES IF DEFERRED</b>	N/A
<b>DEPARTMENT/DIVISION</b>	Transportation/Land Acquisition	<b>AUTHORIZED BY</b>	Larry R. Mau, P.E. 
<b>CONTACT PERSON</b>	Jim Staples	<b>TITLE</b>	Transportation Director
<b>TELEPHONE/EXTENSION</b>	5007	<b>PRESENTER/TITLE</b>	Jim Staples, Land Acquisition Manager
		<b>TELEPHONE/EXTENSION</b>	5007 
<b>ADMINISTRATIVE APPROVAL</b> 			

**ACTION DESIRED**

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

**Authorization for payment of moving expense reimbursement to Mary Alice Wilson at a cost of \$1,200, resulting from the acquisition of her living quarters which were required due to 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, 37 Florida Statutes and any other applicable federal, state, local statutes, or regulations

**BACKGROUND/DISCUSSION**

**Continued on Page 2.**

<b>HAS COUNTY ATTORNEY REVIEW BEEN REQUESTED?</b> Indicate "NO" or "YES" @ right. (If "NO," proceed to 1) below; and if "YES," proceed to 2) below)	NO
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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 <b>MUST BE ATTACHED</b> (if comments were verbal, so indicate)	

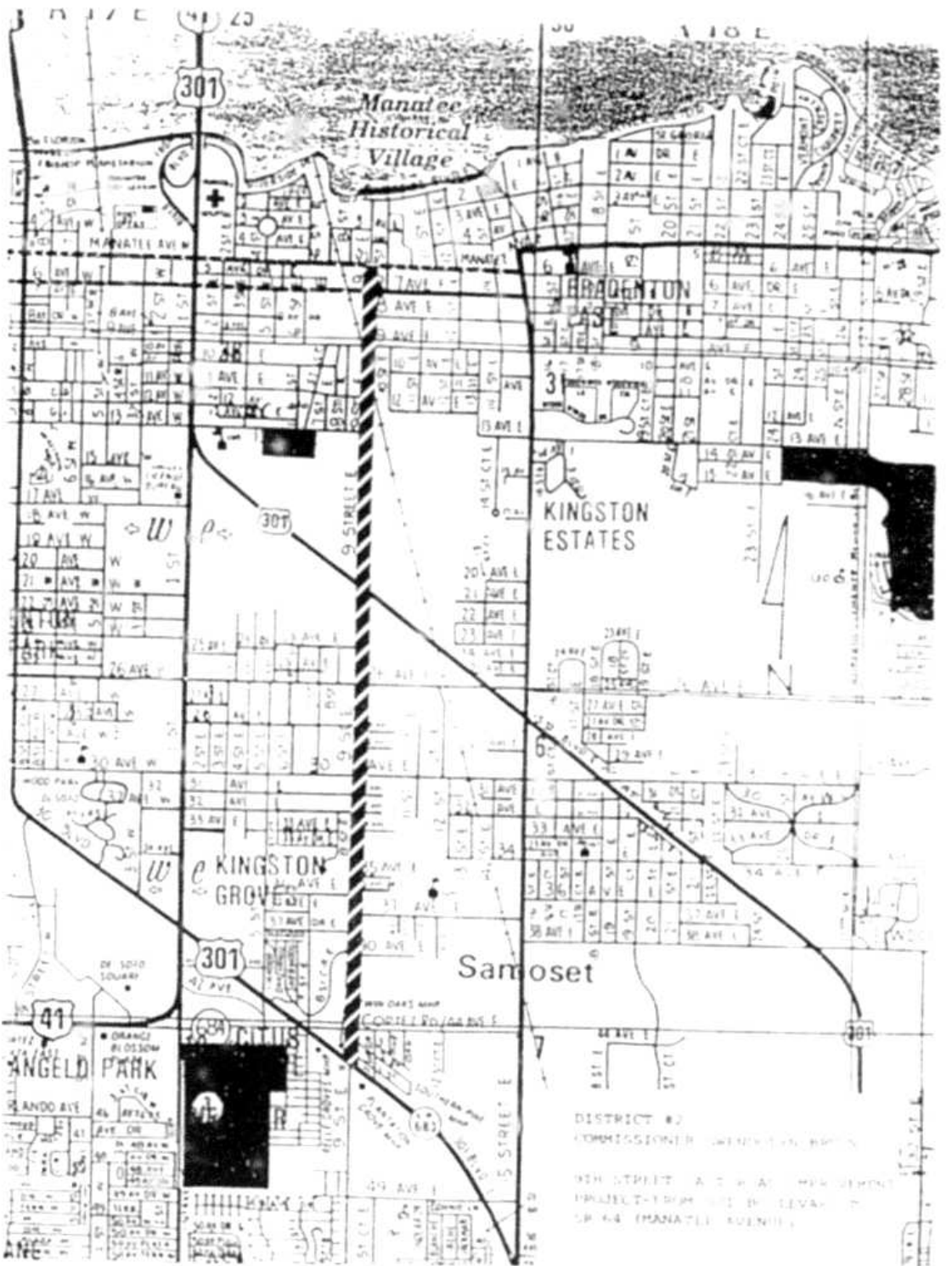
<b>ATTACHMENTS:</b> (List in order as attached)	<b>INSTRUCTIONS TO BOARD RECORDS:</b>
1) Moving Cost Transaction Package 2) Location Map	Please forward copy of Moving Cost Transaction Package to Sally in Finance
<b>COST</b> \$1,200 Moving Expense Reimbursement Cost	<b>SOURCE (ACCT# &amp; NAME)</b> 349-315503-541710-03155 9 <sup>th</sup> Street East Project Funds 309-6002560-561000/6002560-0003 (IFAS #)
<b>COMMENTS</b> N/A	<b>AMT./FREQ. OF RECURRING COSTS (ATTACH FISCAL IMPACT STATEMENT)</b> N/A

JUL 07 1998

9<sup>th</sup> Street East Relocation  
Wilson 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 9<sup>th</sup> Street East, from 301 Boulevard to Manatee Avenue East/SR 64.
- On June 4, 1996, the BCC executed a Contract for Sale and Purchase for a Warranty Deed from John C. Manson, Trustee, for the purchase of right-of-way required for the road improvement of 9<sup>th</sup> Street East. The real estate acquisition was for a total take of the home which she shared with her son.
- Manatee County contracted with Post, Buckley, Schuh & Jernigan, Inc. to perform a replacement housing study for 9<sup>th</sup> Street East in accordance with the Uniform Relocation Act.
- It was determined that Ms. Wilson is eligible to receive a \$1,200 moving cost reimbursement.
- Ms. Wilson has executed the attached Moving Cost Transaction Package.
- BCC authorization is hereby requested to pay the \$1,200 moving cost reimbursement.



DISTRICT #2  
 COMMISSIONER GENEVA L. BROWN

9th STREET A.C.W. AT HERBERT  
 PROJECT-1994 AND B. CLAVAR  
 SR 44 (MANATEE AVENUE)

## MEMORANDUM

**DATE:** June 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.	:	6.001T
Owner/Displacee	:	Wilson, Mary Alice

Ms. Mary Alice Wilson is eligible to receive \$1,200.00 as a reimbursement for a scheduled move of personal property and household furnishings. This amount is based on a total room count of six rooms. The breakdown of the room count is as follows: two bedrooms, one living room, one dining room, a kitchen and a combined total of one room of personal property located on the porch and in the yard.

Should you have any questions please contact me.

## APPLICATION AND CLAIM FOR REIMBURSEMENT OF MOVING COSTS

<input type="checkbox"/> PERSONAL PROPERTY ONLY	PROJECT NO. <u>315</u>
<input checked="" type="checkbox"/> INDIVIDUAL OR FAMILY	PROJECT NAME <u>9TH STREET EAST.</u>
<input type="checkbox"/> BUSINESS	COUNTY <u>MANATEE</u>
<input type="checkbox"/> FARM	DP NO.
<input type="checkbox"/> NOT PROFIT	OWNER <u>WILSON.</u>
CLAIM TYPE APPLIED FOR:	AMOUNT APPLIED FOR:
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	\$ <u>1,200.00</u>
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: _____	Subject Address <u>1214 7TH STREET EAST</u>
Relocation services complete with this claim? <input type="checkbox"/> yes <input type="checkbox"/> no	<u>BRADENTON, FL 34208</u>
ADVANCED PAYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	Replacement Address <u>1124 7TH STREET EAST.</u>
SUIT STYLE _____	<u>BRADENTON, FL 34208</u>
DOT File # _____	

LEASE/STORAGE FROM _____	TO _____
LEASE/STORAGE AMOUNT CLAIMED	\$ _____
TRANSPORTATION AMOUNT CLAIMED	\$ _____
SEARCH REIMBURSEMENT CLAIM	\$ _____
RE-ESTABLISHMENT EXPENSES THIS CLAIM	\$ _____
MOVING COST CLAIMED	\$ <u>1,200.00</u>
TOTAL AMOUNT CLAIMED	\$ <u>1,200.00</u>
TOTAL AMOUNT ALLOWED	\$ <u>1,200.00</u>
DIFFERENCE	\$ <u>-0-</u>

MAKE CHECK PAYABLE TO MARY ALICE WILSON Vendor ID (if applicable) 253-96-2872

## 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 ALICE WILSON SOCIAL SECURITY/FED ID # 253-96-2872CLAIMANT SIGNATURE Mary Alice Wilson DATE June 2, 1998ADDRESS 1124 7TH STREET EAST., BRADENTON, FL 34208

I HEREBY CERTIFY	
<input checked="" type="checkbox"/> THE PERSONAL PROPERTY HAS BEEN REMOVED, OR WORK HAS BEEN COMPLETED, AS STATED	
<input checked="" type="checkbox"/> THE CLAIMANT IS ELIGIBLE FOR RELOCATION MOVING EXPENSES CLAIMED.	
SUBMITTED <u>Paul W. [Signature]</u>	DATE <u>06/10/98</u>
DOT AGENT	

REVIEWED [Signature] SIGNATURE [Signature] DATE 6/19/98APPROVED [Signature] SIGNATURE [Signature] DATE 6/25/98

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 FORM 1000-1  
 (REV. 12-94)

PROJECT NO.: 3155  
 PROJECT NAME: 9th Street East  
 COUNTY: Manatee  
 PARCEL NO.: 6.001T  
 OWNER/DISPLACEE: Wilson

DISPLACEE NAME: Mary Alice Wilson		ELIGIBILITY CODE: 05	
MAKE WARRANT PAYABLE TO: Mary Alice Wilson		AMOUNT: \$ 1,200.00	<input checked="" 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											ADDITIONAL COSTS	TOTAL COST	
			PL	SE	AL	AM	CA	IL	RE	SA	SD	SE	SM			
1	APPLICATION AND CLAIM	23	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
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 six room scheduled move of personal property and household belongings.

PREPARED BY: <u>[Signature]</u>	SIGNATURE/TITLE, FDOT	<u>05/18/98</u>	DATE
REVIEWED BY: <u>[Signature]</u>	SIGNATURE/TITLE, FDOT	<u>6/17/98</u>	DATE
APPROVED BY: <u>[Signature]</u>	APPROVED IN OPEN SESSION SIGNATURE/TITLE, FDOT	<u>6/25/98</u>	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>6.001T</u> OWNER: <u>Wilson, Mary Alice</u>
CURRENT ADDRESS: 1124 7th Street East, FL 34208		

NEW LOCATION ADDRESS: 1124 7th Street East, Bradenton, FL 34205	DISTANCE OF MOVE: Less than 1 mile
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DESCRIPTION OF MERCHANDISE AND/OR SERVICES RENDERED:  
 Claim represents a six room scheduled move.

<b>A. ACTUAL COSTS:</b> RECEIPTED BILLS/INVOICES	TOTAL AMOUNT \$
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<b>B. SCHEDULE AMOUNT:</b>	
1. UNFURNISHED: 1 ROOM @ \$450 2 ROOMS @ \$600 3 ROOMS @ \$775 4 ROOMS @ \$950 PLUS NUMBER ADD'L. ROOMS <u>02</u> X \$125	= \$ <u>1,200.00</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	= \$ _____

<b>C. ESTIMATE BY ( ) COMMERCIAL MOVER OR ( ) DOT:</b>	
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: _____	\$ _____
	\$ _____
	\$ _____
<b>TOTAL</b>	<b>= \$ _____</b>

<b>D. ALTERNATE (BUSINESS RELOCATING - LOW VALUE/HIGH BULK ITEMS)</b>	
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	= \$ _____

<b>E. ADVERTISING SIGNS:</b>	
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	= \$ _____

<b>F. IN LIEU OF ACTUAL MOVING EXPENSES:</b>	
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 \$ _____

<b>G. SEARCH EXPENSES (\$1,000 LIMIT)</b>	
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	= \$ _____

<b>H. REESTABLISHMENT EXPENSES (\$10,000 LIMIT)</b>	
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 \$ 1,200.00  
 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 _____	<u>N/A</u>	SIGNATURE NOT REQUIRED FOR COMMERCIAL OR SCHEDULE MOVE
SUBMITTED BY: _____	_____	<u>6/18/98</u>
APPROVED BY: _____	_____	<u>6/22/98</u>
SIGNATURE	TITLE	DATE

APPROVED IN OPEN SESSION