

**MANATEE COUNTY GOVERNMENT
AGENDA MEMORANDUM**

SUBJECT	Palmetto Park 'N Ride Move Cost Reimbursement – Ibrahim	TYPE AGENDA ITEM	Consent
DATE REQUESTED	July 19, 2010	DATE SUBMITTED/REVISED	July 12, 2010
BRIEFINGS? Who?	N/A	CONSEQUENCES IF DEFERRED	N/A
DEPARTMENT/DIVISION	Property Management/ Property Acquisition	AUTHORIZED BY TITLE	Charlie Bishop, Director, Property Management <i>CHD</i>
CONTACT PERSON TELEPHONE/EXTENSION	Barbara Carter Extension 3009	PRESENTER/TITLE TELEPHONE/EXTENSION	Joaquin Servia, Property Acquisition Division Manager, Extension 3021 <i>JS</i>
ADMINISTRATIVE APPROVAL		<i>[Signature]</i>	

ACTION DESIRED

INDICATE WHETHER 1) REPORT; 2) DISCUSSION; 3) FORM OF MOTION; OR 4) OTHER ACTION REQUIRED

Authorization for payment for reimbursement of move costs payable to Talat Aldo Mohammad Ibrahim and Amal Mohammad Ibrahim required for the Palmetto Park 'N Ride project in Palmetto at a cost of \$1,200.

ENABLING/REGULATING AUTHORITY

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

All relocation assistance shall be handled in accordance with Title 23, Code of Federal Regulations, the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, Chapters 73, 74, 336, 337 FS and any other applicable Federal, State, Local regulations.

BACKGROUND/DISCUSSION

- The Palmetto Transit Center is located at the southeast corner of 8th Avenue West and 19th Street West in Palmetto.
- On April 21, 2010, a closing was conducted with Jack and Hazel Ford for the purchase of 6 residential structures for this facility. The tenants may be entitled to relocation benefits pursuant to the Uniform Relocation Assistance Policies Act of 1970.
- Moving expenses are reimbursable to the displacees in accordance with the Fixed Residential Moving Cost Schedule approved by the Federal Highway Administration. According to this schedule, the tenants are entitled to a reimbursement of \$1,200 based on the number of rooms being moved.

COUNTY ATTORNEY REVIEW

Check appropriate box	ACCEPTED IN OPEN SESSION <i>7/12/2010</i> BOARD OF COUNTY COMMISSIONERS, MANATEE COUNTY
<input checked="" type="checkbox"/>	REVIEWED Written Comments: <input checked="" type="checkbox"/> Attached Memo from CAO dated July 9, 2010 <input type="checkbox"/> Available from Attorney (Attorney's initials: _____)
<input type="checkbox"/>	NOT REVIEWED (No apparent legal issues.)
<input type="checkbox"/>	NOT REVIEWED (Utilizes exact form or procedure previously approved by CAO.)
<input type="checkbox"/>	OTHER

ATTACHMENTS: (List in order as attached)	INSTRUCTIONS TO BOARD RECORDS:
1) Moving Package 2) Memo from CAO 3) Location Map	Please notify Barbara Carter, Property Acquisition, of approval of this request with a copy to Christy Cultrera in Finance and Rodney Beggs, Transit. <i>Emailed 7/20/10</i>
COST: \$1,200 (Moving costs)	SOURCE (ACCT # & NAME): 436-9008929-Florida Transit Authority
COMMENTS: N/A	AMT./FREQ. OF RECURRING COSTS: (ATTACH FISCAL IMPACT STATEMENT) N/A

5600 Mariner Street
Suite 104
Tampa, Florida 33609



Telephone 813-287-8191

Fax 813-287-8272

Email

pam@americanacquisition.com

MEMO

To: Joaquin Servia, Division Manager, Manatee County
Attn: Barbara Carter, Real Property Supervisor, Manatee County
From: Pamela L. Taylor, SR/WA, RW-RAC, Consultant Relocation Agent
Date: June 9, 2010
CC: Agent File
Re: **Explanation of Claim for Move Cost Reimbursement**

A handwritten signature in black ink, appearing to be 'P.L.T.', is written over the 'From' field of the memo.

Item/Segment Number : N/A
FAP Number :
County : Manatee
State Road No. : Palmetto Park 'N' Ride
Parcel No. : Ford Property – Ibrahim

The attached is an advanced claim package for reimbursement of move costs for the above-referenced parcel. Please be advised that the total number of rooms is five (5) based on the following:

Bedroom(s)	=	2
Kitchen	=	1
Living Room	=	1
<u>Dining Area</u>	=	<u>1</u>
Total	=	5

RECEIVED

PROPERTY ACQUISITION
DIVISION

3:00 PM

This family has not yet vacated the subject property. Upon vacating, the property will be inspected to make sure all personal property has been moved. No payment will be delivered until the move is complete.

Total Move Cost Reimbursement is \$1,200.00.

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
MOVING COST TRANSACTION PACKAGE

575-040-21
 RIGHT OF WAY
 09/09

ITEM/SEGMENT NO.: N/A
 MANAGING DISTRICT: Manatee County
 F.A.P. NO.: N/A
 STATE ROAD NO.: Palmetto Park N Ride
 COUNTY.: MANATEE
 PARCEL #: Ford Prop - Ibrahim

DISPLACEE NAME:
 Talat Aldo Mohammad Ibrahim and Amal *Mohammad Ibrahim*

MAKE WARRANT PAYABLE TO: Same as above. AMOUNT: 1,200.00
 REGULAR PAYMENT ADVANCE CLAIM
 PARTIAL PAYMENT ADVANCE PAYMENT
 (Balance 0.00)

ITEM	DOCUMENT TYPE And Form Number (if applicable)	TYPE OF PAYMENT										ATTACHED	
		ESTIMATES	DIR LOSS/SUB PROP/ BULK-LOW VAL	SELF MOVE	COMMERCIAL MOVE	FIX PAYMENT IN LIEU OF MOVE COST	REESTABLISHMENT EXPENSES	MOVING RELATED EXPENSES	SEARCH EXPENSES	SCHEDULE MOVE COST	AMOUNT		
1	APPLICATION AND CLAIM 575-040-23	X	X	X	X	X	X	X	X	X	X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	PAYMENT CALCULATION 575-040-20	X	X	X	X	X	X	X	X	X	X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	RECEIPT/INVOICES	*		*	X		X	X	X			<input type="checkbox"/>	<input type="checkbox"/>
4	INVENTORY BEFORE MOVE 575-040-17			X	X			X				<input type="checkbox"/>	<input type="checkbox"/>
5	INVENTORY AFTER MOVE 575-040-17			X	X			X				<input type="checkbox"/>	<input type="checkbox"/>
6	MOVE COST PROPOSAL (LOW) 575-040-15	X		*	X							<input type="checkbox"/>	<input type="checkbox"/>
7	MOVE COST PROPOSAL (HIGH) 575-040-15	X		*	X							<input type="checkbox"/>	<input type="checkbox"/>
8	ESTIMATE STAFF (DOT) 575-040-15			*				X				<input type="checkbox"/>	<input type="checkbox"/>
9	SEARCH EXPENSE LOG 575-040-26								X			<input type="checkbox"/>	<input type="checkbox"/>
10	MONITORING REPORT (IF NECESSARY)				X			X				<input type="checkbox"/>	<input type="checkbox"/>
11	PAYMENT SUPPORT		X							*		<input type="checkbox"/>	<input type="checkbox"/>
12	LEASE OR RENT COMP. AGRMT											<input type="checkbox"/>	<input type="checkbox"/>
13	REQUEST FOR VENDOR ID# 575-030-27 (For Initial Claim)											<input type="checkbox"/>	<input type="checkbox"/>
	LIST OTHERS AS REQUIRED:												
14	Subject Property Sketch									X		<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Household Survey									X		<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	Move Verification Form (copy)									X	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Explanation of Claim									X	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

* If applicable X -Required

REMARKS:
 This claim represents reimbursement for a Schedule/Fixed Payment Move consisting of five (5) unfurnished rooms.

PREPARED BY: *[Signature]* CONSULTANT RELS AGENT DATE: 6/9/10
 REVIEWED BY: *[Signature]* DAA DATE: 6/9/10
 APPROVED BY: *[Signature]* LENO ADV MGR DATE: 6-22-10

APPLICATION AND CLAIM FOR REIMBURSEMENT OF MOVING COSTS

<input type="checkbox"/> PERSONAL PROPERTY ONLY
<input checked="" type="checkbox"/> INDIVIDUAL OR FAMILY
<input type="checkbox"/> BUSINESS
<input type="checkbox"/> FARM
<input type="checkbox"/> NONPROFIT

ITEM/SEGMENT NO.: <u>N/A</u>
MANAGING DISTRICT: <u>Manatee County</u>
F.A.P. NO.: <u>N/A</u>
STATE ROAD NO.: <u>Palmetto Park "N" Ride</u>
COUNTY: <u>MANATEE</u>
PARCEL #: <u>Ford Property - Ibrahim</u>

CLAIM TYPE APPLIED FOR:	AMOUNT APPLIED FOR:
<input type="checkbox"/> COMMERCIAL MOVE	\$ _____
<input type="checkbox"/> MOVING RELATED EXPENSES	\$ _____
<input checked="" type="checkbox"/> SCHEDULE MOVE COSTS	\$ <u>1,200.00</u>
<input type="checkbox"/> SELF MOVE	\$ _____
<input type="checkbox"/> DIR LOSS/SUB PROP/BULK-LOW VAL	\$ _____
<input type="checkbox"/> SEARCH EXPENSES	\$ _____
<input type="checkbox"/> FIX PAYMENT IN LIEU OF MOVE CST	\$ _____
<input type="checkbox"/> REESTABLISHMENT EXPENSES	\$ _____
<input type="checkbox"/> MOVE COST ESTIMATES	\$ _____
TOTAL AMOUNT CLAIMED	\$ <u>1,200.00</u>
TOTAL AMOUNT ALLOWED	\$ <u>1,200.00</u>
DIFFERENCE	\$ <u>0.00</u>

PARCEL VACATE DATE <u>TBD</u>	Subject Address: <u>1815 7th Avenue West</u>
Relocation services complete with this claim? <input type="radio"/> YES <input checked="" type="radio"/> NO	<u>Palmetto, FL 34221</u>
ADVANCED PAYMENT? <input type="radio"/> YES <input checked="" type="radio"/> NO	
SUIT STYLE: <u>N/A</u>	Replacement Address: <u>TBD</u>
DOT File # _____	
LEASE/STORAGE FROM <u>N/A</u> TO <u>N/A</u>	

MAKE CHECK PAYABLE TO Talat Aldo Mohammad Ibrahim and Amal Mohammad Ibrahim

- I HEREBY CERTIFY:
- A. CLAIMANT CERTIFIES THAT HE/SHE IS A LEGAL RESIDENT OF THE UNITED STATES, AND UPON DEPARTMENTAL REQUEST CAN PROVIDE DOCUMENTATION VERIFYING LEGAL RESIDENCY.
 - B. THE ABOVE INFORMATION AND ALL OTHER INFORMATION SUBMITTED HERewith IS TRUE AND CORRECT AND ACCURATELY REFLECT MOVING SERVICES ACTUALLY PERFORMED;
 - C. 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
 - D. 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.
 - E. IF ADVANCE PAYMENT IS MADE PRIOR TO THE MOVE, THE CLAIMANT WILL COMPLY WITH FDOT RIGHT OF WAY RELOCATION PROCEDURE 575-000-000, SECTION 9.3, 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.
 - F. THAT THIS PAYMENT SATISFIES ALL CLAIMS FOR REIMBURSEMENT FOR ITEMS, OR PARTS OF ITEMS, AS THEY ARE LISTED IN THIS CLAIM;
 - G. 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: _____

CLAIMANT NAME Talat Aldo Mohammad Ibrahim
 CLAIMANT SIGNATURE X Amal Ibrahim DATE X 6-9-10
 ADDRESS 1711 7th Street West, Palmetto, FL 34221

I HEREBY CERTIFY:	
<input 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>[Signature]</u>	DATE <u>6/9/10</u>
DEPARTMENT SIGNATURE _____	
REVIEWED: <u>[Signature]</u>	Consultant <u>PAR Reviewer</u> DATE <u>6/9/10</u>
SIGNATURE _____	TITLE _____
APPROVED: <u>[Signature]</u>	<u>Laura Ann Myer</u> DATE <u>6/22/10</u>
SIGNATURE _____	TITLE _____

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

575-040-20
 RIGHT OF WAY
 OGC - 07/05

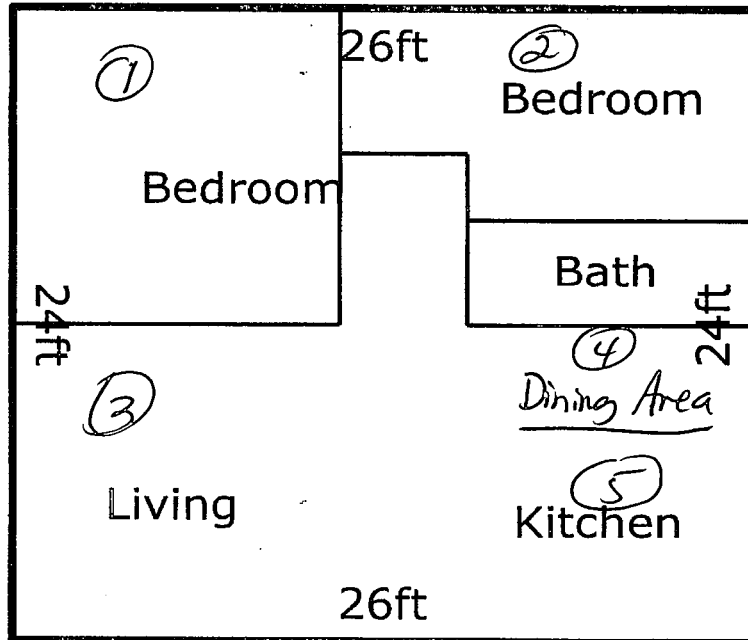
<input type="radio"/> BUSINESS <input type="radio"/> FARM <input checked="" type="radio"/> INDIVIDUAL OR FAMILY <input type="radio"/> PERSONAL PROPERTY ONLY	ITEM/SEGMENT #: _____ N/A MANAGING DISTRICT: <u>Manatee County</u> F.A.P. #: _____ N/A STATE ROAD #: <u>Palmetto Park N Rid</u> COUNTY.: <u>MANATEE</u> PARCEL #: <u>Ford Prop-Ibrahim</u>
CURRENT ADDRESS: 1711 7th Avenue West, Palmetto, FL 34221	DISTANCE OF MOVE: _____
NEW LOCATION ADDRESS: TBD	
DESCRIPTION OF MERCHANDISE AND/OR SERVICE RENDERED: Fixed payment residential move.	
A. COMMERCIAL MOVE/SELF MOVE/MOVING RELATED EXPENSES: RECEIPTED BILLS/INVOICES TOTAL AMOUNT \$ _____ 0.00	
B. SCHEDULE AMOUNT: 1. UNFURNISHED: 1 ROOM @ \$550 2 ROOMS @ \$700 3 ROOMS @ \$875 4 ROOMS @ \$1050 5 ROOMS @ \$1200 6 ROOMS @ \$1350 7 ROOMS @ \$1500 8 ROOMS @ \$1650 PLUS NUMBER ADD'L. ROOMS _____ X \$200 = \$ _____ 1,200.00 2. FURNISHED: 1 ROOM @ \$450 PLUS NUMBER ADD'L. ROOMS _____ X \$125 = \$ _____ 0.00 3. COMBINATION: BEGIN WITH UNFURNISHED USING ABOVE APPROPRIATE AMOUNTS PLUS NUMBER FURNISHED ROOMS _____ X \$125 = \$ _____ 0.00	
C. ESTIMATE BY: <input type="radio"/> COMMERCIAL MOVER OR <input type="radio"/> DOT: MAN HOURS _____ X RATE PER MAN HOURS \$ <u>0.00</u> = \$ _____ 0.00 TYPE VEHICLE _____ # OF HRS. _____ X RATE PER VEHICULAR HR. \$ <u>0.00</u> = \$ _____ 0.00 C W T _____ @ \$ <u>0.00</u> = \$ _____ 0.00 SUBCONTRACTED SERVICES: _____ \$ _____ 0.00 _____ \$ _____ 0.00 _____ = \$ _____ 0.00	
D. DIR LOSS/SUB PROP/BULK-LOW VAL: 1. REPLACEMENT COST OF PERSONAL PROPERTY = \$ _____ 0.00 2. NET PROCEEDS FROM SALE OF PERSONAL PROPERTY = \$ _____ 0.00 MOVE ALLOWANCE IF LESS THAN "C" ABOVE = \$ _____ 0.00 (BUSINESS DISCONTINUED): 1. DEPRECIATED VALUE OF PROPERTY IN PLACE = \$ _____ 0.00 2. NET PROCEEDS FROM SALE OF PERSONAL PROPERTY = \$ _____ 0.00 MOVE ALLOWANCE IF LESS THAN "C" ABOVE = \$ _____ 0.00	
E. ADVERTISING SIGNS: 1. ESTIMATED COST TO MOVE (FROM SECTION "C" ABOVE)..... = \$ _____ 0.00 2. DEPRECIATED REPRODUCTION COST, LESS SALE PROCEEDS, IF APPLICABLE = \$ _____ 0.00 ALLOWANCE IF SIGN IS NOT MOVED = \$ _____ 0.00	
F. FIX PAYMENT IN LIEU OF MOVE COST (\$20,000 LIMIT) NET EARNINGS FOR 2 YEARS PRECEDING TAXABLE YEAR BUSINESS IS RELOCATED: \$ <u>0.00</u> \$ <u>0.00</u> TOTAL \$ <u>0.00</u> AVERAGE \$ <u>0.00</u> LESS THAN 2 YEARS OPERATION (WITHIN 2 TAXABLE YEARS PERIOD): NET EARNINGS: \$ <u>0.00</u> DIVIDED BY MONTHS _____ EQUALS \$ <u>0.00</u> X 12 EQUALS TOTAL \$ <u>0.00</u>	
G. SEARCH EXPENSES (\$2,500 LIMIT) 1. TRANSPORTATION AND MEALS..... = \$ _____ 0.00 2. LODGING AWAY FROM HOME..... = \$ _____ 0.00 3. TIME SPENT SEARCHING (REASONABLE SALARY) = \$ _____ 0.00 4. FEES PAID TO REAL ESTATE AGENT/BROKER..... = \$ _____ 0.00	
H. REESTABLISHMENT EXPENSES (\$10,000 LIMIT) 1. REPAIRS, MODIFICATION = \$ _____ 0.00 2. UTILITIES = \$ _____ 0.00 3. INCREASED OPERATING COSTS = \$ _____ 0.00 4. OTHER = \$ _____ 0.00	
STORAGE CHARGES \$ <u>0.00</u> TOTAL AMOUNT OF MOVE CLAIM \$ <u>1,200.00</u> 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, IMPROVEMENTS, ALTERATIONS OR OTHER PHYSICAL CHANGES IN OR TO ANY STRUCTURE AT THE NEW LOCATION.	
RELOCATEE SIGNATURE REQUIRED FOR FDOT ESTIMATE _____	
SUBMITTED BY: <u>[Signature]</u> Consultant Relocation Agent	DATE: <u>6/9/10</u>
APPROVED BY: <u>[Signature]</u> SIGNATURE	TITLE: <u>Asst Mgr</u> TITLE DATE: <u>6-22-10</u> DATE

1711 7th Avenue West

First Floor

[624 Sq ft]

Ibrahim



Area Calculations Summary

Living Area	Calculation Details
First Floor	624 Sq ft 24 x 26 = 624
Total Living Area (Rounded):	624 Sq ft

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
HOUSEHOLD SURVEY QUESTIONNAIRE

575-040-02
 RIGHT OF WAY
 10/04
 Page 1 of 2

NAME: Talib A. Ibrahim
 STREET ADDRESS: 1711 7th Ave - W. Palmetto, FL 34221
 MAILING ADDRESS: Same

TELEPHONE NO.: (941) 447-2181
 LESS THAN 90-DAY OCCUPANT
 YES NO

ITEM/SEGMENT NO.: N/A
 MANAGING DISTRICT: Manatee County
 FAP NO.: N/A
 STATE ROAD NO.: Palmetto Park Rd
 COUNTY: Manatee
 PARCEL #: For Property - Ibrahim

RACE:
 WHITE
 BLACK
 HISPANIC
 ASIAN AMERICAN/PACIFIC ISLANDER
 AMERICAN INDIAN/ALASKAN NATIVE
 UNDISCLOSED Arabic

BY: Amal M. Ibrahim DATE: 5/14/10
 BY: _____ DATE: _____

HEAD OF HOUSEHOLD AND ALL HOUSEHOLD OCCUPANTS ARE:
 Citizens of the United States
 Nationals of the United States
 Aliens lawfully present in the United States (Documentation required)

DATE OF OCCUPANCY: 5-6 years VERIFICATION OF OCCUPANCY: landlord
 Support Documentation Attached

	NAME	AGE	RELATIONSHIP	
1.	Talib A. Ibrahim	59	Husband	unemployed
2.	Amal M. Ibrahim	51	wife	SSI
3.	Nour Sahar Ibrahim	23	daughter	(employed)
4.	Zarifa Ibrahim	19	daughter	(employed)
5.	Sahar Ibrahim	20	daughter	(employed)
6.				
7.				
8.				

citizen
citizen
citizen

HEAD OF HOUSEHOLD NAME: Talib A. Ibrahim

EMPLOYER & ADDRESS (HEAD OF HOUSEHOLD): Unemployed
 TELEPHONE NO.: _____
 DISTANCE TO WORK: _____
 LENGTH OF EMPLOYMENT: _____

EMPLOYER & ADDRESS (SPOUSE) Daughters (all work)
 TELEPHONE NO.: _____
 DISTANCE TO WORK: _____
 LENGTH OF EMPLOYMENT: _____

DOMICILE? YES NO IF NO, GIVE PERMANENT ADDRESS: _____

- COMPLETE FOR TENANTS ONLY -

MONTHLY UTILITY EXPENSE	INCOME SOURCE	AMOUNT	
Electric \$ <u>258.00</u> 0.00		\$0.00	Contract Rent: \$ <u>0.00</u> <u>750.00</u>
Water \$ <u>52.00</u> 0.00		\$0.00	Market Rent: \$ <u>0.00</u>
Sewage \$ _____ 0.00		\$0.00	Rental Subsidy: \$ <u>0.00</u>
Other \$ _____ 0.00		\$0.00	Personal property on premises owned by other than occupants?
Total \$ _____ 0.00	TOTAL	\$ <u>0.00</u>	<input type="radio"/> YES <input checked="" type="radio"/> NO

I HEREBY CERTIFY THAT THE ABOVE INFORMATION TO BE TRUE AND CORRECT:
 SIGNED: Talib A. Ibrahim OCCUPANT DATE: 4/23/10

SUBJECT DWELLING:

TYPE: <input checked="" type="radio"/> SINGLE-FAMILY <input type="radio"/> MULTI-FAMILY <input type="radio"/> MOBILE HOME	
LIVEABLE AREA: <u>624 SF</u>	BR. <u>2</u> UTIL. RM. <u>0</u>
LOT SIZE: <u>N/A</u>	BATHS <u>1</u> STORAGE <u>0</u>
DWELLING AGE: <u>1987</u>	LR <u>1</u> SCREEN PORCH <u>0</u>
TYPE CONSTRUCTION: <u>CBS</u>	DR <u>1</u> FAMILY RM. <u>0</u>
TOTAL ROOMS: <u>4</u>	KIT <u>eat-in</u> PATIO <u>0</u>
	CARPOR <u>0</u> GARAGE <u>0</u>
	AIR COND. <u>central</u> TYPE <u>1</u> Units # <u>1</u>
	WELL <u>No</u> SEPTIC <u>1</u>
EXTERIOR ATTRIBUTES: <u>None.</u>	
NEIGHBORHOOD TYPE: <u>Residential</u> ZONING _____	
DISTANCE TO SHOPPING: <u>less than one mile</u>	FINANCING: <input type="radio"/> FHA <input type="radio"/> CONVENTIONAL <input type="radio"/> VA <u>N/A</u> <input type="radio"/> NONE
DISTANCE TO CHURCH OF CHOICE: _____	MORTGAGE SERVICED BY: _____
DISTANCE TO SCHOOLS: _____	ADDRESS: <u>N/A</u>
ELEMENTARY: <u>N/A</u>	INTEREST RATE: _____
JR. HIGH: _____	PRINCIPAL BALANCE: \$0.00
SR. HIGH: _____	MONTHLY PRINCIPAL & INTEREST PAYMENT: \$0.00
DISTANCE TO TRANSPORTATION: _____	REMAINING TERM: _____
UTILIZED BY HOUSEHOLD? <input type="radio"/> YES <input checked="" type="radio"/> NO	PREVAILING INTEREST RATE: _____

REPLACEMENT DWELLING PREFERENCES:

NEIGHBORHOOD: <u>Residential</u>	CITY: <u>Palmetto</u>	COUNTY: <u>Manatee</u>
MAXIMUM AMOUNT ALLOCABLE FOR HOUSING (WITHIN OCCUPANT'S PRESENT FINANCIAL MEANS):		\$ <u>0.00</u> PURCHASE \$ <u>0.00</u> RENT
TYPE DWELLING DESIRED: <input checked="" type="radio"/> SINGLE-FAMILY <input type="radio"/> MULTI-FAMILY <input type="radio"/> MOBILE HOME	DISPLACEE PLANS TO: <input type="radio"/> BUY <input type="radio"/> RENT <input type="radio"/> BUILD <input type="radio"/> RETAIN	
REMAINDER PROPERTY ADEQUATE? <input type="radio"/> YES <input checked="" type="radio"/> NO	OWN OTHER PROPERTY THAT IS ADEQUATE? <input type="radio"/> YES <input checked="" type="radio"/> NO AVAILABLE? <input type="radio"/> YES <input type="radio"/> NO	
WILL SUBSIDIZED HOUSING BE REQUIRED? <input type="radio"/> YES <input type="radio"/> NO		
SPECIAL FAMILY NEEDS: <u>None.</u>		
REMARKS:		

AGENT'S SIGNATURE

Patricia L. Doff

DATE

4/23/10

Project No. : N/A
F.A.P. No. : N/A
County : Manatee
State Road : Palmetto Park and Ride (Ford Property)
Prcl/Relo/Type : Ford Property – 1711 7th Avenue W., Palmetto, FL 34221
Name of Displacee: Talat Aldo Mohammad Ibrahim and Amal Mohammad Ibrahim

VERIFICATION OF MOVE

This is to acknowledge that the _____ business resident _____ sign personal property Displacee has vacated the subject property on _____.

Relocation Claims and Warrant(s):

Displacee has filed a relocation claim: Yes or No

Displacee has been advised that they have up to 18 months to file a claim:
 Yes No

Relocation warrant(s) have been delivered _____ Yes No (see relocation file for details and future payments).

Relocation Specialist _____ Date _____ Relocation Administrator _____ Date _____

RELEASE OF PROPERTY

This is to notify the Manatee County, Property Management Department that I, _____, have vacated the property and relinquish all rights to property (real or personal) left at the address.

BY: _____ DATE: _____

Keys:

Keys have been received and are on file: Yes No
If No, why not? _____

Rent Due:

Rent is due in the amount of \$ _____ which covers the period of (date of Manatee County ownership) to _____ (date of move as shown above).

A cashier's check/money order has been received in the full amount of \$ _____.

Property Management Specialist _____ Date _____

Landlord Business:

Landlord Business vacate **was completed** on _____

OR

Landlord Business vacate **is anticipated** on _____

Remaining Occupants:

Number of Displacees still remaining on site _____

Cc: Manatee County
AAG Parcel File
Records Management



Office of
**MANATEE COUNTY
ATTORNEY**

Tedd N. Williams, Jr., County Attorney

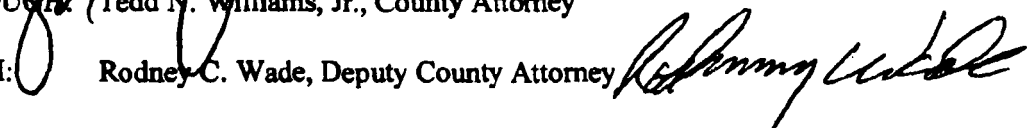
James A. Minix, Chief Deputy County Attorney
Maureen S. Sikora, Deputy County Attorney*
Robert M. Eichenfelder, Deputy County Attorney
Rodney C. Wade, Deputy County Attorney*
William E. Clegac, Deputy County Attorney
James R. Cooney, Deputy County Attorney
Sarah A. Scheak, Deputy County Attorney*

MEMORANDUM

DATE: July 9, 2010

TO: Charlie H. Bishop, PMP, Director, Property Management Department

THROUGH:  Tedd N. Williams, Jr., County Attorney

FROM:  Rodney C. Wade, Deputy County Attorney

RE: **BCC Recess Authority**
RLS-10-200 Received June 25, 2010; CAO File 8003-065

This memorandum is in response to the above-referenced Request for Legal Services in which you ask this office to review Resolution R-09-161 adopted June 23, 2009, delegating certain authority to the County Administrator during extended periods of absence by the Board of County Commissioners without scheduled meetings.

Property Acquisition has requested clarification concerning the following matters:

1. Palmetto Park 'n Ride Project: Five tenants have vacated the premises and are awaiting reimbursement for moving costs and replacement housing pursuant to the Uniform Relocation Assistance and Real Property Acquisition for Federal and Federally Assisted Programs. Execution of Applications and Claims for Reimbursement of Moving Costs requested.
2. Ware's Creek Project: Parcel W294: Landowner awaiting reimbursement for moving costs pursuant to the Uniform Relocation Assistance and Real Property Acquisition for Federal and Federally Assisted Programs. Execution of Application and Claim for Reimbursement of Moving Costs requested.
3. 13th Street West Right-of-Way Purchase: Closing occurred on the purchase of land required for the proposed Downtown Bus Transfer Station. Acceptance of and authorization to record closing documents requested.

Charlie H. Bishop, PMP, Director
Property Management Department
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July 9, 2010

4. Ware's Creek Project: Parcel E121.2: Settlement reached for acquisition of property necessary for project, and the landowner has executed the Contract for Sale and Purchase for an Access and Maintenance Easement. Execution of contract requested.

5. Ware's Creek Project: Resolution R-10-131 requesting authorization delegating authority to make pre-suit offers in eminent domain cases for the acquisition of Parcels W278.1, W282.1, and W283.1.

I have reviewed the proposed actions and Resolution R-09-161 and find that the County Administrator may take the actions as to Items 1 – 3 above in the absence of the Board provided under Section 2.f. since these actions “approve, authorize, and sign documents and forms reasonably required to implement or continue any program, plan, or activity previously authorized by the Board.” The Agenda Memoranda presented for review propose to continue programs the Board of County Commissioners previously authorized.

The County Administrator may also take the action requested in Item 4 above in the absence of the Board as supported by Section 5.d., Limitations, “as a part of or in avoidance or settlement of eminent domain proceedings for an amount not to exceed the highest appraised value assigned by a duly certified appraiser.”

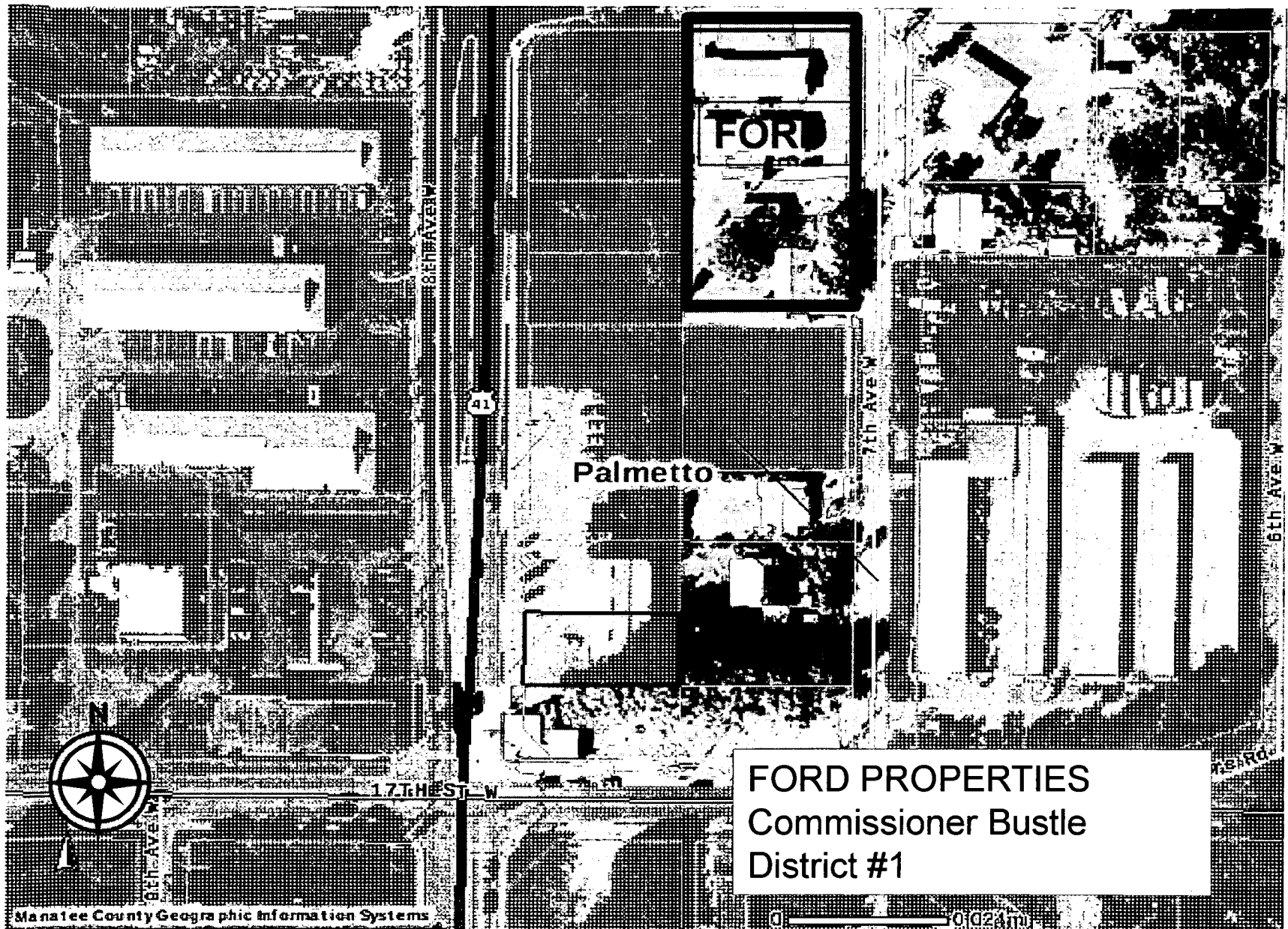
The County Administrator may not take the action requested in Item 5 above, as it is not authorized in Resolution R-09-161.

This completes my response to your Request for Legal Services. Please contact me if you have any questions or if I can be of further assistance.

RCW/slm

cc: Ed Hunzeker, County Administrator
Joaquin Servia, Manager, Property Acquisition Division

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FORD PROPERTIES
Commissioner Bustle
District #1