



## **AGREEMENT CONCERNING THE USE OF REAL ESTATE OR OTHER PREMISES FOR EMERGENCY RESPONSE, RELIEF AND RECOVERY EFFORTS**

**THIS AGREEMENT** is entered into this \_\_\_\_ day of \_\_\_\_\_ 2021, by and between Lee Memorial Health System (Gulf Coast Medical Center), owner of certain real estate or other premises (“Owner”), and the Board of County Commissioners of Lee County, Florida, a political subdivision and charter county of the State of Florida, (“County”), collectively the “Parties”.

**NOW, THEREFORE**, it is mutually agreed between the Parties as follows:

1. Owner, in consideration of the following terms and conditions, voluntarily and without further monetary compensation, grants the County right to temporary use of the Property depicted and described in attached Exhibit A for emergency response, relief and recovery efforts (“Property”). The temporary use may include, but is not limited to, staging area for emergency response equipment, a point of distribution for essential emergency supplies and other emergency-related uses.

2. County agrees to notify Owner, as soon as practicable depending on the type of emergency event, as to the intended dates and duration of the temporary use. County agrees to limit the duration of the temporary use to 21 consecutive calendar days, unless a longer time period is approved by the Owner. The Owner has the right to terminate the use at any time with thirty days’ notice.

3. The County agrees to exercise reasonable care during the use of the Property and to repair, replace or reimburse the Owner for any and all damage to the Property caused by the County, its agents, or employees during its occupancy. Repair, placement or reimbursement will be limited to returning the property to the condition in which it existed prior to the damage.

4. The County agrees to reimburse the Owner a prorated share of the telephone, electricity, water and sewer services charges applicable to the Property and related to the temporary use by the County, its agents, employees, or contractors during the temporary use period. Owner agrees to provide an itemized and verifiable invoice for this purpose. The County also agrees to reimburse the Owner for any specific increased costs incurred for utility services applicable to the temporary use period provided that documented proof of increased costs is submitted to the County.

5. The Owner agrees to provide emergency contact information to the County and to update this information annually or as otherwise needed. (See Exhibit B).

6. This agreement will remain in force for a period of five (5) years from its execution by the County. The Agreement may be renewed, at the option of the Parties and upon mutual Agreement for an additional five (5) years under the same terms and conditions. Any renewal will require execution of a new agreement.

7. To the extent allowed by law and subject to the provisions and limitations contained in §768.28, Florida Statutes, the County agrees to be liable for injury or loss of property, personal injury, or death caused by the negligent or wrongful act or omission of any employee, or contractor of the County, resulting from the County's temporary use of the property, in accordance with the general laws of the State of Florida.


8. This Agreement contains the entire Agreement between the Parties.

9. Any modification or amendment of this Agreement must be mutually agreed to by the Parties and executed in writing with the same formality.

10. This Agreement may be terminated by either Party, without cause, upon 30 days written notice to the non-terminating Party.

IN WITNESS of the above, the Parties sign this Agreement.

OWNER

By: 

Printed Name: L. ANTONUCCI



Witness



Witness

BOARD OF COUNTY COMMISSIONERS  
OF LEE COUNTY, FLORIDA

By: \_\_\_\_\_  
Chairman

APPROVED AS TO FORM FOR THE  
RELIANCE OF LEE COUNTY ONLY

ATTEST:  
LINDA DOGGETT, CLERK

By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
Office of the County Attorney

EXHIBIT A  
Legal Description and Sketch of Property

Lee Memorial Health System (Gulf Coast Hospital)  
13681 Doctors Way  
Fort Myers, FL 33912  
Strap Number: 19-45-25-28-00000.0020

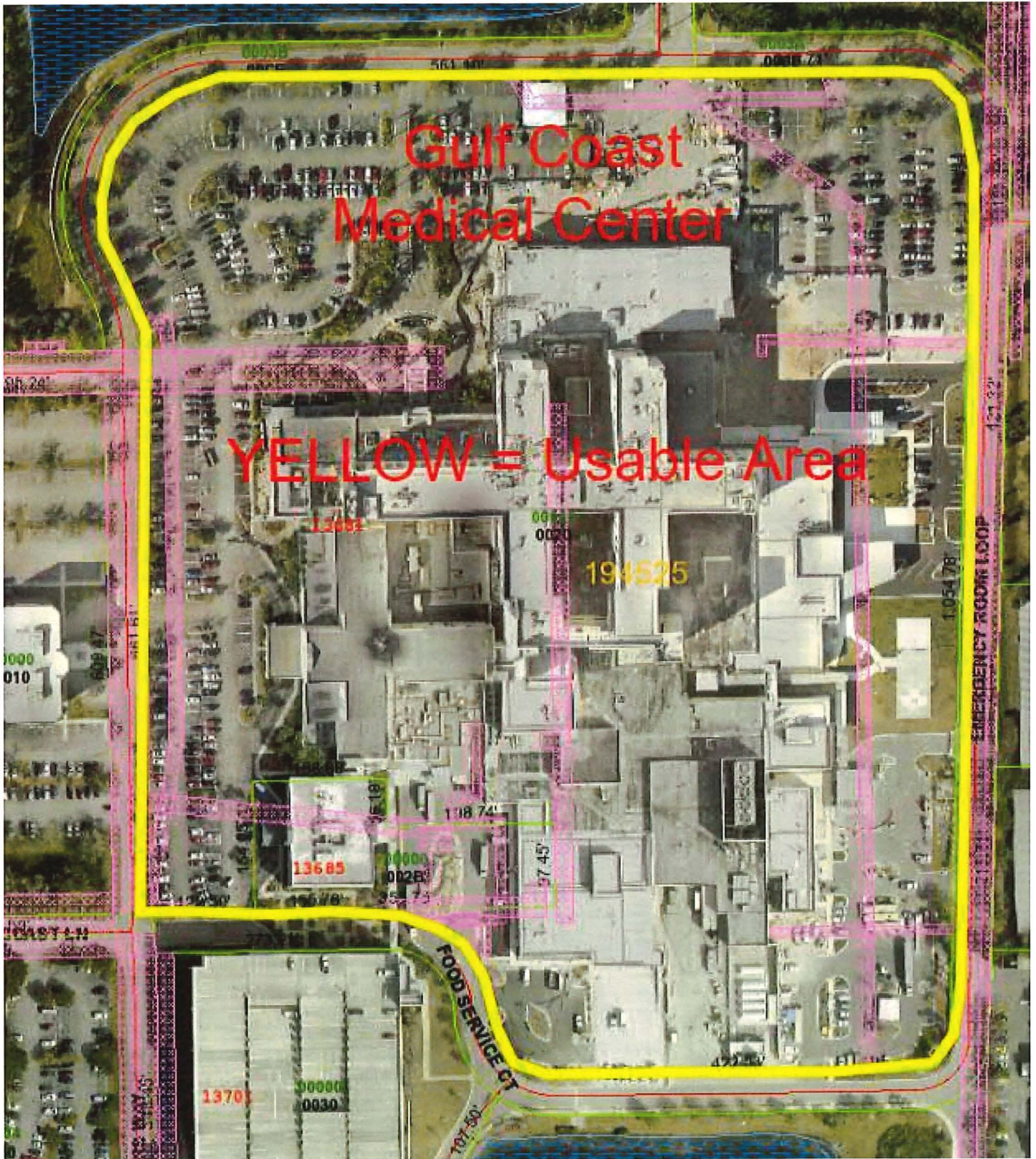


EXHIBIT B  
CONTACT LIST OF AUTHORIZED REPRESENTATIVES FOR TEMPORARY  
USE OF REAL ESTATE OR OTHER PREMISES

Name: Lee Memorial Health System (Gulf Coast Hospital)  
Address: 13681 Doctors Way Fort Myers, FL 33912  
General Manager: Rod Allen  
Phone: (239) 343-8544  
Alternate: (239) 872-5923

Primary Emergency Contacts:

Name: Rod Allen

Home Address: 3597 Avenida del Vera Blvd. North Fort Myers, FL 33917

Phone (Office): (239) 343-8544 Cellular Phone: (239) 872-5923

E-Mail Address: rod.allen@leehealth.org

1<sup>st</sup> Alternate Emergency Contact:

Name: Rod Wilkerson

Home Address: 1109 SE 30<sup>th</sup> Terrace Cape Coral, FL 33904

Phone (Office): (239) 343-0172 Cellular Phone: (239) 707-1847

E-Mail Address: rod.wilkerson@leehealth.org

2<sup>nd</sup> Alternate Emergency Contact:

Name:

Home Address:

Phone (Office): Cellular Phone:

The above information is correct as of 5/7/2021.

Please mail or fax this completed form to:  
Lee County Emergency Management  
Post Office Box 398  
Fort Myers, FL 33902-0398  
Phone: 239-533-0605  
Fax: 239-477-3636