

**From:** [McAlpinGary](#)  
**To:** [HambrightGail](#)  
**Subject:** FW:  
**Date:** Monday, December 08, 2014 4:47:22 PM  
**Attachments:** [Conservancywaiver\\_20141203142947.169\\_X.pdf](#)

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**From:** NorthrupAdam  
**Sent:** Wednesday, December 03, 2014 9:42 AM  
**To:** McAlpinGary  
**Cc:** DarcoChristopher; PerrymanClinton; CastilloTara  
**Subject:** RE:

Ok, I was under the impression that you had to go to the BCC to get them to “declare that this item promotes tourism”.....

Anyways, we should be able to do a waiver for this, no problem.. Attached is a waiver to the conservancy we have done in the past. Complete the waiver form from our intranet site (<http://bccsp01/SiteDirectory/ASD/Purchasing/Forms1/Forms/Default.aspx>) and make it look like the attached. If you can forward me the permit with the form, it’s probably a good idea to include it.

Then draft a memo on letterhead that explains what the following.

- Shorebird monitoring is required in the permits for all the beach renourishment projects.
- Shorebird monitoring people need to be approved by FWC and their a small contingent in the state that they approve. Dave Addison is the only contractor that they have approved for us in all these years. This is why we are training Chris D’Arco under Dave to perform these tasks
- Being paid for with TDC money. I don’t have to bill FEMA since it is so small a Dollar figure if that is helpful or makes a difference.

Forward the completed form, memo and permit, I’ll sign it and you’ll have a PO within a day. If you have any questions, let me know.

Adam Northrup  
Collier County Purchasing  
239-252-6098

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**From:** McAlpinGary  
**Sent:** Wednesday, December 03, 2014 9:24 AM  
**To:** NorthrupAdam  
**Cc:** DarcoChristopher; PerrymanClinton; CastilloTara  
**Subject:** RE:



**Collier County  
 Waiver Request**

**Instructions**

Completed waiver requests must be submitted to the department's procurement professional for any amount above \$3,000.

Purchases above \$3000 require three quotes or formal competition. The department must provide justification to purchase to request consideration to waive the competitive purchasing process and purchase from a single vendor. Waivers of greater than \$50,000 will require approval by the Board of County Commissioners. To qualify for a waiver: select a waiver category, provide an explanation of the research conducted and the supporting rationale, and acquire the approval signature from your director. Send the waiver request, any research information and contract materials to your purchasing professional in Purchasing.

Requester Name:	Maura Kreis	Vendor Name:	Conservancy of SW Florida
Department:	Parks and Recreation	Item / Service:	sea turtle monitoring
Requisition # (if applicable):		Anticipated Cost:	\$8,770

**Emergency:** Describe the public health or safety issues that requires the immediate product or service (i.e., The supply of vaccination was completely depleted within hours of delivery to the employee health center; the current vendor will not receive another shipment for 2 weeks).

**Compatibility / Proprietary (One of a Kind or No Substitute Available):** Describe the research completed to determine that there is only one product or service capable of meeting the County's existing conditions and that no other vendor can provide a product, component, or replacement part that may be substituted.

The Conservancy has the only Marine Turtle Permit authorized by the FWC to perform the services of sea turtle monitoring for Naples Beach MTP- 14-116 (see attached permit)

**Authorized Distributor:** Describe the research completed to find similar features and operability, and a letter from the manufacturer naming the single source authorized distributor(s) in the southwest Florida region.

It is a felony to knowingly circumvent a competitive process for commodities or services by fraudulently specifying sole source. Florida Statute 838.22(2).

Requested by:		Date:	10/20/14
Department Director:		Date:	10/21/14
Procurement Professional:		Date:	10/23/14



**Marine Turtle Permit**  
Florida Fish and Wildlife Conservation Commission  
Imperiled Species Management Section - Tequesta Field Laboratory  
19100 SE Federal Highway  
Tequesta, Florida 33469  
(561) 882-5975

Permittee: David Addison  
CONSERVANCY OF SOUTHWEST FLORIDA  
1450 MERRIHUE DRIVE  
NAPLES, FLORIDA 34102  
UNITED STATES

Permit#: MTP-14-116  
Effective Date: 01/01/2014  
Expiration Date: 12/31/2014

**Is Authorized to:**

1. conduct nesting surveys;
2. conduct stranding/salvage activities;
3. relocate nests for conservation purposes;
4. outfit nests with self-releasing screen/cage;
5. hold loggerheads for educational display;
6. tag turtles using external flipper tags;
7. tag turtles using PIT tags;
8. Insert temperature data loggers into loggerhead nests in association with Authorized Research Project #3;
9. attach TDRs to nesting loggerhead turtles in association with Authorized Research Project #2;
10. maintain & display preserved specimens;
11. conduct satellite tagging/tracking of nesting loggerhead turtles in association with Authorized Research Project #4;
12. collect 4mm skin biopsies from satellite tracked and non-tracked nesting loggerheads in association with Authorized Research Projects listed on Marine Turtle Permits issued to collaborators - see Conditions;
13. collect post-hatch loggerhead nest contents in association with Authorized Research Projects listed on Marine Turtle Permits issued to collaborators - see Conditions;
14. collect up to 5ml blood samples from satellite tracked nesting loggerheads in association with Authorized Research Projects listed on Marine Turtle Permits issued to collaborators - see Conditions; and
15. collect scute biopsies from satellite tracked and non-tracked nesting loggerheads in association with Authorized Research Projects listed on Marine Turtle Permits issued to collaborators - see Conditions.

**Authorized Nesting Survey Area:**

1. Keewaydin Island North;
2. Keewaydin Island South; and
3. Naples Beach (Doctor's Pass south to Gordon Pass).

Permittee Signature: David Addison Date: January 9, 2014

Not valid unless signed. By signature, the permittee confirms that all information provided to issue the permit is accurate and complete, and indicates acceptance and understanding of the provisions and conditions listed below. **Any false statements or misrepresentations when applying for this permit may result in felony charges and will result in revocation of this permit.**

By signature, I acknowledge that I have read and understand this permit. Signature of this permit indicates that I and all authorized personnel listed below have read and agree to abide by all Florida Fish and Wildlife Conservation Commission (FWC) 'SeaTurtle Conservation Guidelines' that pertain to the authorized activity(s) listed on this marine turtle permit. I understand that it is my responsibility to transmit all future information updates to all authorized personnel listed on my permit. **Permittee must provide a signed copy of this permit to the FWC address above to activate this permit.**

Authorized By: **ROBBIN TRINDELL** Authorized for: **Nick Wiley, Executive Director**



Authorizing Signature: \_\_\_\_\_ Date: 12/31/2013  
Marine Turtle Permit

**Authorized Research Projects:**

1. Keewaydin Island tagging project, ongoing;
2. Using TDRs to determine dive profiles and gross movements of female loggerhead turtles during the internesting period, authorized 1/2001;
3. Loggerhead hatchling sex ratio project, authorized 1/2001; and
4. Assessing migratory patterns of long-term, repeat nesting loggerhead turtles on Keewaydin Island, Florida, authorized 3/2009.

**Authorized Monitoring Projects:** None.

**Authorized Personnel:**

Kathy Worley; Jeff Schmid; Ian Bartoszek; Melinda Schuman; David Schindle; Joanna Fitzgerald; Jill Schmid; Sarah Norris; P.J. Deltchel, DVM; Whitney Swain; David Webb.

**PERMIT CONDITIONS AND PROVISIONS:**

- 1 Permitted individuals must adhere to the FWC marine turtle permit guidelines developed under a Section 6 Cooperative Agreement between FWC and the U.S. Fish and Wildlife Service.
- 2 All transfers of marine turtles or specimens into or out of the State of Florida must be accompanied by a specific consent permit from FWC.
- 3 Monitoring for any beach fill project must be approved by ISM and must be listed under the Authorized Monitoring section of this permit.
- 4 Sample collection for collaborators is authorized as follows:
  1. Simona Ceriani – Authorized Research Project “Investigating the relationship between feeding ecology & reproductive output in loggerhead (*Caretta caretta*, L.) nesting in Florida”
    - a. One 5ml blood sample from up to 20 from satellite tagged females;
    - b. One (1) viable egg from up to 20 from satellite tagged females;
    - c. One (1) skin biopsy from up to 20 from satellite tagged females; and
    - d. Hatched nest contents (including up to 300 unhatched eggs).
  2. Brian Shamblyn – Authorized Research Project “Characterizing fine scale genetic structure in loggerhead turtles nesting in Florida”

- a. Skin biopsies from nesting females and dead hatchlings; and
  - b. Hatched nest contents (including unhatched eggs).
3. Hannah Vander Zanden – Authorized Research Project “Foraging consistency in female loggerheads (*Caretta caretta*)”
- a. Two (2) skin biopsies from satellite tagged and non-satellite tagged females; and
  - b. Two (2) scute biopsies from satellite tagged and non-satellite tagged females.

**A person whose substantial interests are affected by FWC’s action may petition for an administrative proceeding (hearing) under sections 120.569 and 120.57 of the Florida Statutes. A person seeking a hearing on FWC’s action shall file a petition for hearing with the agency within 21 days of receipt of written notice of the decision. The petition must contain the information and otherwise comply with section 120.569, Florida Statutes, and the uniform rules of the Florida Division of Administration, chapter 28-106, Florida Administrative Code. If the FWC receives a petition, FWC will notify the Permittee. Upon such notification, the Permittee shall cease all work authorized by this permit until the petition is resolved. The enclosed Explanation of Rights statement provides additional information as to the rights of parties whose substantial interests are or may be affected by this action.**



### Marine Turtle Permit Personnel Amendment

Florida Fish and Wildlife Conservation Commission  
Imperiled Species Management Section - Toquesta Field Laboratory  
19100 SE Federal Highway  
Toquesta, Florida 33469  
(561) 882-5975

Permittee: David Addison  
CONSERVANCY OF SOUTHWEST FLORIDA  
1450 MERRIHUE DRIVE  
NAPLES, FLORIDA 34102  
UNITED STATES

Permit#: MTP-14-116  
Effective Date: 01/01/2014  
Expiration Date: 12/31/2014

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As of date below, the following personnel are authorized to perform the activities listed on Marine Turtle Permit # MTP-14-116 .

**Authorized personnel:**

Kathy Werley; Jeff Schmid; Ian Bartoszek; Malinda Schuman; David Schindler; Joanna Fitzgerald; Jill Schmid; Sarah Norris; P.J. Detschel, DVM; David Webb; Christina Doornik; Paige Lainsky; Jessica McCubbin; Sarah Norris; Katie Ferron.

This personnel authorization supersedes all others and must be attached to the FWC Marine Turtle Permit of most recent issue. This is not a permit and cannot be used as such.

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Authorized By: Meghan Koperski

Authorizing Signature:

A handwritten signature in blue ink that reads "Meghan P. Koperski".

Date: 5/2/2014 9:39:03 AM

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*Protecting Southwest Florida's unique natural environment and quality of life ... now and forever.*

October 10, 2014

Maura Kraus  
Principal Environmental Specialist  
Parks and Recreation  
15000 Livingston Road  
Naples, Florida 34109

Dear Ms. Kraus:

Enclosed is the budget for the 2015 sea turtle monitoring survey of Naples City Beach between Doctor's Pass and Gordon Pass. If you have any questions or need any additional information, please contact our offices.

Sincerely,

David S. Addison  
Biologist  
Science Department  
Conservancy of Southwest Florida  
1495 Smith Preserve Way  
Naples, Florida 34102

Tel: (239) 403-4230  
Fax: (239) 262-5872  
Email: [davea@conservancy.org](mailto:davea@conservancy.org)  
<http://www.conservancy.org>

Enclosure



*Protecting Southwest Florida's unique natural environment and quality of life ... now and forever.*

**2015 Naples City Beach Monitoring Budget  
(Doctor's Pass to Gordon Pass)**

Personnel

Supervisor \$3,000

Conservation Associate 5,260

Equipment and materials

ATV gas and oil (\$10/mo. for 6 mo.) 60

Mileage (185 mi./mo. @ .48.5 cents/mi. for 6 mo.) 450

Total \$8,770

Checks payable to:

The Conservancy of Southwest Florida  
1495 Smith Preserve Way  
Naples, Florida 34102





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
 10/16/2014

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**  
 Lutger Insurance - Naples  
 PO Box 112500  
 Naples FL 34108

<b>CONTACT NAME:</b> Terri Sommer	
<b>PHONE:</b> 239-262-7171	<b>FAX:</b>
<b>E-MAIL:</b> tsommer@lutgerinsurance.com	<b>INSURER(S) AFFORDING COVERAGE:</b>
<b>INSURER A:</b> FCCT Insurance Company	<b>NAIC #:</b> 10179
<b>INSURER B:</b> First Natl Ins Co of America	<b>24724</b>
<b>INSURER C:</b> Auto-Owners Insurance Co.	<b>18086</b>
<b>INSURER D:</b> Ohio Casualty Group	
<b>INSURER E:</b>	
<b>INSURER F:</b>	

**INSURED:**  
 The Conservancy of SW FL Inc  
 1495 Smith Preserve Way  
 Naples FL 34102

CONSE-1

**COVERAGES**

CERTIFICATE NUMBER: 930501376

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.

LINE	TYPE OF INSURANCE	ADDITIONAL INFORMATION	POLICY NUMBER	POLICY BEG (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> HIGH LIMIT \$10M GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		28C0312813	2/16/2014	3/15/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$1,000,000 MED EXP (Per occurrence) \$10,000 PERSONAL & ADJ INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPROM AGG \$2,000,000
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		436320410X	2/15/2014	2/15/2015	COMBINED SINGLE LIMIT (Per occurrence) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
D	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$10,000 <input type="checkbox"/> CLAIMS-MADE		EUC156541:882	2/15/2014	2/15/2015	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, describe under DESCRIPTION OF OPERATIONS BELOW	Y/N	42913	12/31/2013	12/31/2014	<input checked="" type="checkbox"/> PER \$/AUTO <input type="checkbox"/> LOC 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Certificate Holder is included as Additional Insured (except Workers Comp) with respect to the Named Insureds Operations - Naples City Beach Sea Turtle Monitoring Project

**CERTIFICATE HOLDER**  
 Collier County Board of County Commissioners  
 3301 Tamiami Trail E  
 Naples FL 34112

**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  
*H.A. Hamblet*