

Lee County Industrial Committee Meeting
April 10, 2020

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INDUSTRIAL DEVELOPMENT AUTHORITY
SPECIAL TELEPHONIC MEETING

Friday, April 10, 2020
10:26 a.m. - 11:32 a.m.

Stenographically Remotely Reported By:
Karen K. Crawford, CSR, RPR, FPR

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APPEARANCES (REMOTELY):

Wayne Kirkwood, Chairman
David Barton, Vice Chairman
Ed Bolter, Secretary
Tom Hoolihan, Treasurer
Gail Markham, Assistant Secretary
Doug Gyure, Assistant Secretary
Robbie Roepstorff, Member

Sarah Owen, Southwest Florida Community Foundation
Carolyn Rogers, Southwest Florida Community Foundation

James T. Humphrey, IDA Counsel
George H. Knott, IDA Counsel

Lily Dalton, Paralegal

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PROCEEDINGS

MR. BARTON: This is David Barton, Chairman of the Lee County Industrial Development Authority. I would like to call to order the April 10, 2020 meeting of the Lee County Industrial Development Authority.

Consistent with the mandates of the Center for Disease Control and Prevention regarding social distancing and the Florida Governor's Executive Order 20-69 authorizing the utilization of telephonic conferencing for public meetings, we are conducting the April 10, 2020 meeting of the Authority Members of the Lee County Industrial Development Authority telephonically.

This is a new experience for us all and I would like to call on George Knott, Esquire and his paralegal Lily Dalton to facilitate use of the technology for our meeting.

George, can I hand it to you, sir.

MR. KNOTT: All right. Members of the Authority, consistent with the Governor's Executive Order 20-69 we are convening a telephonic meeting. That order permits a quorum of a public body to convene electronically as opposed to physically,

1 and we are proceeding under that executive order.

2 The meeting has been noticed as a telephonic
3 meeting so it is particularly important that you
4 announce your name before you speak during the
5 meeting. It is also important to allow a decent
6 pause between after you speak before someone else
7 speaks so that we don't talk over each other. It
8 is a telephonic meeting. It is being reported by a
9 stenographer. We have Karen Crawford, a
10 stenographer, who is taking down a record of the
11 meeting, so please enunciate your name before
12 speaking.

13 I will now turn the meeting over to Jim
14 Humphrey.

15 MR. HUMPHREY: Thank you, George. Good
16 morning. I appreciate the patience of each one of
17 you to participate in this electronic meeting.
18 What the purpose of this meeting is to discuss the
19 matter from a phone call that I received as the
20 board counsel from the Chairman, David Barton, to
21 ask about the fact of what could we do as an IDA
22 and could we have a meeting to discuss the crisis
23 associated with the public health and the fact it
24 has now been declared an emergency. So based on
25 that I contacted several people, but also the board

1 members, to see if we could participate in a new
2 procedure that's now been approved, and that is
3 what we are on now, the telephonic meeting.

4 And the purpose of this meeting is to discuss
5 the matter. And I'll call on David to kind of
6 first review what his call was about, but to
7 discuss the matter, then turn it over to the
8 Authority members to where you discuss it and make
9 a decision or no decision as it pertains to the
10 request. There's no real details. Most of it is
11 for all of you to discuss. As David said, let's
12 get us together to meet and see if we cannot come
13 up with a way that we can help the local,
14 particularly the personal -- I will get it in a
15 minute -- the personal protection items and the
16 equipment necessary for the physicians, the nurse
17 practitioners and the medical workers. And he had
18 asked me then was it legally permissible. So I am
19 prepared, and I'll just be brief, I am prepared to
20 say that yes, if you come to a decision because of
21 not only the fact of the emergency declaration but
22 your authority under the statute of this being for
23 economic development, I can end up with an opinion
24 afterward that from whatever decisions you make, if
25 you have a procedure where it assists and benefits

1 the economic development of the county.

2 And basically because of the time I am going to
3 cut short my legal interpretation until afterwards.

4 I will just tell you yes, this meeting has been,
5 you know, worked on and scheduled through the
6 benefits and the help of George Knott and his
7 staff, and so -- and the notice has been duly
8 called.

9 And so what I'd like to do is turn it now to
10 David Barton. David, would you briefly just tell
11 them when you called me on that Tuesday, the 31st
12 of March, to ask me could we not have a meeting to
13 discuss addressing the medical needs for the
14 community, and so turn it over to you. And then
15 after you finish I'd like to turn it back to the
16 Authority members to discuss.

17 And I will say at this stage what I think we
18 would do is, unless you wanted to make some
19 decision, is you would discuss -- give an
20 indication and we'll set another more successful
21 telephonic meeting in about two or three weeks.

22 MR. BARTON: Thank you, Jim. Yes, Jim, I mean,
23 really you have outlined what we have already done.
24 My reason for contacting you at the time was
25 knowing you are connected anyway with Lee Health, I

1 felt as though perhaps the Industrial Development
2 Authority could, if we were permitted within the
3 legal permissibility, we might make some form of
4 grant available to support the health service here
5 in some way or another or the people here with this
6 dire disease problem that's taking over. My
7 thought was if there were shortfalls anywhere with
8 providing some sort of benefit to the people of Lee
9 County and the medical support services, if there
10 was some way we could provide within our
11 permissible rights, funds in agreement
12 with all of the members, then I would favor the
13 idea. I put it -- as you have indicated, I put it
14 to you as -- since the members can't really speak
15 to each other directly on these things, I put it to
16 you through your good offices to bring it back to
17 the membership as a recommendation that we could
18 allocate some funds, if necessary, substantial
19 funds, to support the medical services being
20 provided for the benefit of Lee County.

21 Jim, that is about as much as I can say on it.

22 MR. HUMPHREY: Before I switch it to the
23 others, I would like to point out -- Doug, I know
24 you and I talked, and I think you have some
25 comments to make.

1 And Wayne, I think that from my conversation
2 with you you have significant experience in the
3 needs on the medical, particularly on personal
4 protective items and the equipment. So I hope that
5 -- I know -- I think all of you have been involved
6 with the community enough that you know the need,
7 and I think it even has expanded to need for
8 manufacturing in some way to be able to provide
9 these personal protection items.

10 So I will turn it back over to -- maybe if you
11 want to start, Robbie, with -- or, Doug, what you
12 talked about. And then I -- I will say, and I
13 appreciate being on this teleconference, and I
14 appreciate both Sarah Owen and Carolyn Rogers being
15 here with us.

16 What I thought is that -- your discussion --
17 you wanted to do something, board members, in other
18 words, that we could hopefully through a conduit or
19 be able to ask the foundation, which is a nonprofit
20 501(c)3, to facilitate that. But again I think the
21 first thing we have to make is that the board needs
22 to come to either no decision or a decision are we
23 going to come out and support the medical community
24 or indirectly maybe the manufacturing community in
25 trying to provide necessary medical protection

1 items.

2 So maybe I can start with Doug, and then you
3 all just interject at any time too. And Wayne, I
4 think I mentioned you. Any one of you if you would
5 take the lead, and I hope you come up with a
6 decision as to, you know, as to what you would like
7 to do, and then we'll set something maybe in the
8 next two three weeks. We will practice this
9 telephonic means again to make sure we get it
10 right. And hopefully at that time we can involve a
11 facilitator to accomplish it.

12 MR. GYURE: This is Doug. From my perspective
13 what's been coming in as far as requests, there
14 seems to be a -- there has been a lot of talk about
15 3 D printing solutions to solve various problems
16 within the healthcare needs. Now I know as the
17 manufacturing association we have been reaching out
18 to other members to try to find anyone with
19 available capabilities, and so far we actually have
20 not had any luck. I know Gail even contacted me,
21 and I don't know if she found anything on that
22 front.

23 Probably a day or two after I spoke to Gail, I
24 had already been reviewing the capability myself,
25 I did place an order for a 3 D printer hoping I

1 could at least be part of helping provide a
2 solution. My equipment won't be here until, I
3 believe, next week, and I don't know when I would
4 be able to get anything produced. But I heard
5 about it from the company I'm buying equipment
6 through that they have multiple printers that are
7 printing in this case primarily face shields that
8 would be able to be -- and they are being
9 distributed to hospitals throughout Florida
10 wherever they have contacts.

11 I forwarded it to a nurse that happens to be
12 within the family in Cape Coral, and so far they
13 are having a little trouble getting the whole thing
14 connected. But since then I started going further
15 to find out just what I can produce. We are now
16 running into the challenges of materials. The
17 clear plastic front is something that we are just
18 not finding any material for anywhere and 12 to 14
19 week back orders. So unfortunately I have been
20 hitting more stalemates than positive information
21 since our conversation, Jim. But hopefully anybody
22 else, you know, please pipe in, and I am happy to
23 -- you know, from my perspective and from the
24 manufacturing contacts I have we will do whatever
25 we can, it is just a matter of finding the right

1 materials for the means, which when this broke out
2 toilet paper was the big rush, well now it's clear
3 film, plastic sheets, that have become hard to
4 find, at least from my industry.

5 MR. KIRKWOOD: If I may. Can everyone hear me
6 okay? My information really comes more from boots
7 on the ground. My wife, as many of you know, is 39
8 years at Lee Memorial, recently retired, she is an
9 RN has not been in the hospital for the last 10 or
10 12 years, and keeps a lot of contacts with a lot of
11 her old staff and other nurses throughout the
12 hospital system.

13 The issue has been a shortage of supplies,
14 specifically a lot of the nurse practitioners that
15 she worked with, knows personally, were discussing
16 the fact that they are down to using one mask a
17 day, and that is just not -- at least it is a
18 standard, but not an acceptable standard. There is
19 a shortfall on -- just generally on PPE with
20 personal protection equipment, but the face mask
21 was a big issue; it seems to be the hot topic.

22 That said, they are only at about 50 percent
23 capacity for beds, which is interesting. For this
24 time we are normally at a hundred percent and in
25 the hallways because of our tourists. The

1 tourists have gone home. And thank God we haven't
2 had the Corona issues that some of the other areas
3 had, but we still have that care -- we absolutely
4 have the issue with shortage of supplies. And
5 then, of course, the fear that it could get worse.

6 MR. HUMPHREY: Robbie, would you want to read
7 in?

8 MS. ROEPSTORFF: Well, I just wanted to thank
9 you, like you did, Jim, Carolyn and Sarah for being
10 a part of this meeting. And they are really here
11 at our request. And for the record it is not a
12 Community Foundation initiative, but an IDA
13 initiative, but they would be, as they always do,
14 they'll step up and be the conduit we are talking
15 about, Jim, and facilitate whatever plan we come
16 out with.

17 I think it's good to hear, you know -- sad to
18 hear, but good to hear that Doug and Wayne both of
19 them from each perspective and I, like Wayne, hear
20 more of the generic request of the face mask. But
21 the face shield I think would obviously be very,
22 very helpful. So those are the two key things I
23 keep hearing about.

24 And I understood today that there were, and we
25 probably need clarity on it, that there were

1 adequate beds from who I have spoken with, but once
2 it hits here it very well may not be. Today they
3 seem to have enough. But if we become the
4 epicenter, there is going to be a shortage.

5 So I am all in, because we have got the money,
6 on whatever we can do, as long as it's going to
7 be for the first responders. I know that they are
8 encouraging -- now it comes out that they are
9 encouraging for everyone to wear a mask -- as long
10 as I just don't want that to take away from the
11 supplies that the first responders need. I keep
12 hearing it is a different kind of mask. But you
13 just never know if people will go out there and
14 feel they have to have that more secure mask and is
15 that going to create even a greater shortage. I am
16 all in, if we can just find the right contacts to
17 get the right supplies.

18 I know Sarah and Carolyn will carry out
19 whatever we direct them to and they will make sure
20 that the funds get in the right hands of the people
21 that it is supposed to get in the right hands.

22 MR. BARTON: Thank you. Anybody else wish to
23 comment on the --

24 MR. BOLTER: This is Ed. Personally I don't
25 feel qualified to evaluate the, you know, the

1 supply of masks. I know that at the federal level
2 there's all sorts of efforts and trillions of
3 dollars being spent, you know, to accommodate every
4 state as much as possible. I know the state is
5 administering it and I know the county they are
6 administering their course in it also.

7 I do know that what I follow is the closest
8 statistics that I can. And I do know that as of
9 now there has been about a little over 500 cases in
10 Lee County out of a population of 800,000. And
11 it's not going up dramatically right now. I am not
12 saying that it's not going to. But I kind of look
13 at it from my own personal self and family and
14 everything as to where it's going.

15 I just don't know -- I know that sometimes
16 when these things happen everybody kind of jumps
17 in. I know they are spending more money than they
18 have ever spent, the Federal Government. I just
19 don't really know what they -- I don't feel
20 qualified to say if there is a shortage of anything
21 at this point, other than what I read. I look at
22 the facts, like the number of cases that are out
23 there, and then kind of compute it back into the
24 population. And compared to a lot of other areas
25 we are still at a small percentage.

1 At the same time whenever I have gotten out
2 anywhere there are extraordinary measures for
3 everybody to stay away from each other, you know,
4 which obviously is a good thing too.

5 My biggest concern is the economy afterwards
6 because as this thing levels off, I have never
7 seen, ever seen, just a massive shutdown of
8 businesses like we are now experiencing, and when
9 these businesses reopen, I think they are going to
10 be cautious. They are not just going to hire all
11 of the people that they put on furlough
12 necessarily. They are going to try to evaluate the
13 demand and they will slowly start hiring people.
14 And maybe it will just come back like a tidal wave
15 and it will all be normal again or maybe it is
16 going to take a while and our unemployment rate is
17 going to be a lot higher than what we, you know,
18 what we started out with obviously. So I just
19 don't know. That concerns me a great deal because
20 that's something that takes a lot longer to cure,
21 you know, than what they are trying to cure with
22 the virus.

23 Like I say, I am not an expert on it, I don't
24 feel qualified to evaluate the supply of masks or
25 anything like that, I just look at what I see as

1 facts, just like anybody else does and what I read.

2 MR. HUMPHREY: If I could interject, I have met
3 this past week -- in preparation for this
4 teleconference I have met with and talked to on the
5 phone several health system individuals including
6 nurse practitioners, medical workers and staff
7 members, and what they say is that the things that
8 you're talking about, Tom, is from a clinical
9 perspective they are lacking, they need help. They
10 need help with masks, they need help with the other
11 personal protection items and they are not really
12 receiving it. If it is at the state level or the
13 national level, it's not coming forward.

14 In fact, that is one of the reasons that,
15 David, you said you wanted this meeting and I
16 agreed with you is that the IDA is in a position to
17 do something local, to do something without going
18 through all of the necessary process of trying to
19 get others to join us or any of that. As I have
20 said, we can conclude, and I can legally state that
21 whatever help you give will definitely relate to
22 the authority that you have under Chapter 159. If
23 you talk to the hospitals or the office, they feel
24 that they are still in storage.

25 MR. BARTON: If the Industrial Development

1 Authority board would agree on making a gesture of
2 this sort, putting aside some funds that could be
3 called on to deal with this emergency in whatever
4 way would be permissible, that's what I felt we
5 needed to do. I felt that it would be a tragedy if
6 in fact for the sake of funds any worthy purpose in
7 this -- with this drastic situation any worthy
8 purpose that was needed in a hurry, if we were able
9 to provide the funds in order to procure what was
10 necessary, it would be a solution, it might help
11 the situation which, as I said, is a crisis anyway.

12 MR. HUMPHREY: Gail, can I ask you to address
13 the matter?

14 MS. MARKHAM: Absolutely. I was just waiting
15 for everybody else to talk. I have been in
16 conversation coincidentally with Sarah Owen and
17 several others in the community that have ideas as
18 to making medical products, which is actually why I
19 called Doug and others, Gary Griffin, and others to
20 find out who has 3 D printers, some of our social
21 entrepreneurs, that need access to this kind of
22 equipment.

23 I think it would be great for Sarah and Carolyn
24 to pick up from here because I think they probably
25 know a lot more than I do and all the rest of us.

1 Carolyn, are you good with that idea? Are you
2 there?

3 MR. BARTON: Sorry, who were you calling on?

4 MS. OWEN: I didn't know if I can openly speak
5 or the Chair needed to call on me. Would you all
6 like me to speak to this now or would you like to
7 wait until everyone else has had a chance to speak?

8 MR. HUMPHREY: I think now is a good time,
9 unless someone would rather interject.

10 MS. OWEN: I am Sarah Owen of the Southwest
11 Florida Community Foundation. I think the word
12 conduit or facilitator is a word that has been used
13 a couple of times to describe us. We tend to hear
14 both from people who have need in times of disaster
15 and people who are trying to meet those needs. So
16 we kind of serve as a match.com.

17 The biggest challenge that I see right now is
18 the people who are trying to help with the need are
19 not having good connections to the people who need
20 the product, not just the health system but long
21 term healthcare and other public health facilities.
22 And so I think that all of you have spoken really
23 significantly to this idea of a scan within the
24 community, and we have all spoken well about none
25 of us being the experts in this, and that is the

1 Foundation included. What the Foundation is an
2 expert in is facilitating and being a conduit for
3 these kind of matchups and doing it in concert with
4 manufacturing experts, philanthropy, the
5 development office, and others, and kind of
6 compiling information and then making sure that the
7 funds are distributed in a way that we have
8 equipment when we need it before the funds are
9 distributed to meet the need.

10 So yes, we are getting quite a few phone calls
11 both from -- it's as simple as restaurants in the
12 community saying hey, I am willing to be part of a
13 massive food delivery system for frontline workers,
14 all of the way to people reaching out saying I have
15 cutters and sewers but no contact with the, you
16 know, purchasing officer of the healthcare system,
17 all of the way to people telling us they scaled up
18 the hand sanitizers they are making that they are
19 currently doing.

20 Looking at who is doing something and helping
21 them scale that, you know, one group said we could
22 be making significantly more hand sanitizer if --
23 doing it and then matching the people who have a
24 need with the people who meet that need and doing
25 it in concert with others.

1 The Horizon Foundation board members a number
2 of them had a phone call with us yesterday as well
3 and they wanted me to express to you that they are
4 interested in this same situation, and they have
5 funding that they would consider putting towards
6 something like this as well, and they wanted to be
7 sure I communicated that to you today, if I had the
8 opportunity to speak.

9 As Robbie said, we stand ready. As Gail
10 said, yeah, we are receiving these calls. But we
11 would never do this alone, this would be in
12 conjunction with experts, if this is what you all
13 decide.

14 MR. BARTON: Would anybody else like to comment
15 on this subject matter?

16 MS. ROEPSTORFF: Yes, this is Robbie.

17 Mr. BARTON: Yes, Robbie.

18 MS. ROEPSTORFF: Sarah, how quickly could you
19 pull this group together? You're saying you would
20 use the expert advisory, would you pull together
21 and give us a plan of I have got these people to do
22 X, and I have got the material people over here to
23 do X, and -- but what they need to get the supplies
24 and to do this is X; is that what you are saying
25 you can do?

1 MS. OWEN: Yes. That would be my suggestion as
2 a first step.

3 MS. ROEPSTORFF: What turn around time would
4 that be?

5 MS. OWEN: Well, I would want to talk to the
6 Economic Development Office staff because they have
7 already, I believe, sent out a survey, and see what
8 the results of that survey is. But getting a group
9 -- I have already in other conversations reached
10 out to somebody from the healthcare, somebody from
11 manufacturing, et cetera saying, you know, would
12 you be willing to sit on a group not specifically
13 for IDA but just anybody who wanted to fund
14 something like this.

15 So the advisory group could be put together
16 quickly. We could meet with that group next week,
17 along with the Economic Development Office staff
18 who is doing -- as far as data to look at, and see
19 if we could do some of these matchups.

20 My suggestion is to start with people who are
21 already doing production and just needs the
22 additional dollars to scale that production and
23 make sure that the purchase orders and supply
24 stream is relevant. Because what will happen is
25 people will make things and deliver them, but some

1 are going to refuse them, but it's going to be used
2 for what the end game was. I mean, Lee Health is
3 taking all masks because they know they can use
4 them in a lot of facilities. You just have to be
5 clear what you're trying to -- what you're trying
6 to solve.

7 I think Tom mentioned, you know, that he is not
8 an expert in this and wouldn't know which masks are
9 certified masks, you know. That's the kind of
10 questions that you have got to have the other side
11 of the conversation answering for us.

12 MS. ROEPSTORFF: If I might, Mr. Chair, with
13 one last comment to Sarah, what I hear the Chairman
14 wanting to do, David, and I think we all want to
15 do, is be responsive. And I would just hate for
16 this to turn into a three-month project. And where
17 would we get the assurance, if we turn around and
18 invest a significant amount into this, where is IDA
19 going to get the assurance that it's going to
20 happen within a much shorter time frame. Because
21 it does seem like -- everything is a process. I
22 will just say I know everything is a process, and
23 you need to go through certain steps of a process
24 to have something effective. But at the same time
25 it can pull it down and drag it down as well.

1 So I guess my question would be can we have
2 maybe a report back in whatever time frame that the
3 IDA members feel is ample time to just know that
4 it's not going to get dragged out and dragged out.

5 MR. BOLTER: This is Ed Bolter. If I could
6 make a comment. I would think that somebody like
7 Larry Antonucci would be almost the person that
8 would know almost everything about shortages or
9 not. And since literally Lee Memorial runs the
10 entire health system for the most part in Lee
11 County, and it would be nice to have a -- since he
12 has been part of the Horizon council, it would be
13 nice to have him give us a short memo on where he
14 sees that there are deficits or where there may be
15 deficits which would help us focus on something, as
16 opposed to just what we hear about.

17 I mean once again I don't feel qualified. But
18 I know the ones that are qualified are the ones who
19 are at the top of the medical chain there that are
20 watching the big picture and looking at things and
21 making -- coming to conclusions about those things.
22 And I would hope that Dr. Antonucci would be able
23 to -- or somebody similar would be able to say yes,
24 we have a crisis here, we need, you know, X number
25 of this, this, this, mask or -- and then that would

1 give us something to really shoot for.

2 Like Robbie said, if we go ahead and do it, how
3 long does it take to do it. Because you hear all
4 sorts of things about supplies and no supplies,
5 like we all do.

6 MR. BARTON: Jim, could I turn to you for a
7 moment? What's your response to that? You have a
8 close -- very close, longstanding arrangement with
9 Lee Memorial.

10 MR. HUMPHREY: My first response would be, you
11 know, I like Tom's suggestion, but I would want to
12 broaden it to include the Chairman of the Lee
13 County physicians and I think it's the medical
14 group, not just --

15 MS. ROEPSTORFF: Medical Society.

16 MR. HUMPHREY: I also want to echo what Gail
17 has said -- Robbie has said, excuse me, both of you
18 have said, I think, was that expedite it. What I
19 clearly got from you, David, is we needed to be
20 able to state where they gave us a report, here is
21 what they need, but then we can move forward. We
22 don't have to start going out and trying to get
23 others to match us, and really keep control, and
24 that's what I remember you saying, and I agree with
25 that.

1 I think that again what we have experienced in
2 the past is that there is a lot of good ideas, but
3 frankly that by the time all of the groups get
4 together it just doesn't occur, or if it occurs,
5 it's a long time in the future.

6 Sarah and Carolyn, if you could keep it on the
7 straight and narrow more or less of being that
8 facilitator for us, I would really appreciate that.

9 MR. KIRKWOOD: This is Wayne. Mr. Chair, if I
10 may, this is Wayne. The only reservation I have
11 here is our part in this would be funding and
12 bringing dollars to the table. But more and more
13 I am concerned that funding isn't the resolve for
14 the problem as much as supply. If there is not
15 supply out there, then what good does our funding
16 do? And that's the reservation I have.

17 I just heard Doug say that the plastic for the
18 face shields -- we know that the product to
19 manufacture the masks there is a supply issue. So
20 does our dollars fix or help that problem? I have
21 got some reservations as to whether it would, if
22 there isn't a supply.

23 MS. MARKHAM: This is Gail. There are other
24 needs other than the plastic shields such as some
25 -- like -- has donated fabric for other masks being

1 made by sewers. There are a lot of other
2 alternative solutions. But the problem is is
3 funding these people, whether it be working capital
4 or whether it be, you know, whatever you want to
5 call it, because they have the great ideas, they
6 have the wherewithal in terms of talent,
7 creativity, but they don't have the dollars. Would
8 that be an appropriate comment, Sarah?

9 MR. BARTON: You asked a question to Sarah.

10 MS. OWEN: Yes, that would be appropriate for
11 people like that, yes.

12 MS. MARKHAM: So I think there are other things
13 that we can do besides the plastic shields. I
14 think that is one very good example that Doug gave.
15 There are a lot of alternatives that can be
16 manufactured locally, but we need to provide some
17 type of infrastructure, if we wish to do that.

18 MR. BARTON: That's a good point. Again I
19 would go back to Jim Humphrey because obviously, as
20 we all know, there are limitations to what we in
21 IDA can use our funding for. We have to work
22 within certain parameters, as you well know better
23 than I do probably. And that's the -- those are
24 the --

25 So coming back to these guidelines, I am

1 enthusiastic, very enthusiastic, to be able to
2 support local medical demands and needs at this
3 particularly critically bad time. But obviously I
4 keep referring back to Jim Humphrey with regard to
5 what we can do. You know, we have to review how we
6 do it or what we support.

7 MS. ROEPSTORFF: Chairman, may I ask a
8 question? This is Robbie.

9 MR. HUMPHREY: Yes.

10 MR. BARTON: Yes.

11 MS. ROEPSTORFF: I think if we could get some
12 guidance to then have Sarah come back, let her be
13 our conduit and meet with the appropriate people.
14 I like the ideas of contacting Dr. Antonucci or his
15 designee and the President of the Lee County
16 Medical Society so that it looks like it's broad
17 based with small independent physicians and their
18 nursing staff as well as our core health provider
19 of Lee. And if we could give them an idea, because
20 everybody can think big or they may think we are
21 thinking small, do we have an idea of how much
22 monies we do want to invest in this so that Sarah
23 can pull those two individuals together and say
24 this is the start, this is what they are willing to
25 put on the table today. And depending on our

1 response back, you know, what can you do with those
2 dollars. And then if you had X amount of dollars,
3 where could there be a greater impact.

4 MR. HUMPHREY: Good point, Robbie. If I may
5 follow up with Robbie, if we did nothing else, if
6 we could solicit from the Authority members that
7 this is a project we are interested in, and maybe
8 even talking about some commitment, but not
9 necessarily a direct payment at this stage, if a
10 report comes to you.

11 In other words, I heard -- I have heard the
12 amount anywhere from 150,000 even up to 250,000,
13 because I was looking at a percentage of what you
14 had. I always said that you are the ones that have
15 to make that call. You can say we will reserve
16 that, not guaranteeing that we will approve that,
17 but we will reserve a certain amount, and then ask
18 that the people come in -- or ask Sarah that take
19 over as a facilitator to see what we can do with
20 that.

21 MS. OWEN: May I -- this is Sarah. May I ask
22 one clarifying question?

23 MR. BARTON: Sorry, who is that?

24 MS. OWEN: Sarah. I just wanted to ask one
25 clarifying question. I know that Lee Health and

1 other medical facilities need money to order
2 supplies, but some of these supplies are coming out
3 of the area. Are you specifically targeting you
4 want to make sure that the money to make and
5 produce and distribute those supplies are going
6 into our local economy, right? Because Lee Health
7 can say we need one million dollars, and we know
8 people in Oregon and Philadelphia that can get us
9 what we need. But is the desire, as I facilitate
10 the match, what will boost the local economy in
11 order to meet those needs?

12 MR. HUMPHREY: If I may answer because of the
13 fact that that's the -- the comments that I have
14 received too is that it's important that we not
15 look international, that we limit it to mostly the
16 Southwest Florida area, but to spend money it has
17 to be in Lee County, but there are also others
18 that may be making that. So I know that at least
19 from what I have heard is that -- and maybe the
20 Authority members can speak to it, we want to focus
21 first on local or maybe regional within our area.
22 When we go to give any grant approval, it has to be
23 for expenditure within Lee County. Did I make
24 myself clear?

25 MS. OWEN: Yes. Thank you.

1 MR. BARTON: Could I clear that a bit, Jim,
2 in my mind? When we say it has got to be -- it
3 should be spent in Lee County, but does that mean
4 that the product was purchased -- actually has to
5 be made in Lee County or could it be made somewhere
6 -- could it have been made somewhere else and
7 brought in and sold here?

8 MR. HUMPHREY: Let me answer it this way, it
9 could be made somewhere else within -- I'll take
10 first the United States, must be within the United
11 States I think. Hearing about China and what they
12 are trying to do, but -- maybe I shouldn't have
13 used names.

14 MS. MARKHAM: Well, that is the question, Jim.

15 MR. HUMPHREY: So what we would have to do is
16 like you said, David, is take each one. If Doug --
17 I mean, if Doug has gotten something and he knows,
18 or if Sarah and Carolyn know that there's a source
19 somewhere, they may make it somewhere else in the
20 United States, but the ones that we would deal with
21 would be the local entity that was like buying it
22 or installing it, et cetera.

23 MS. MARKHAM: Exactly.

24 MR. BARTON: Good point. Very good point. It
25 is important to --

1 MR. BOLTER: Mr. Chairman, this is Ed. You
2 know, going back to Robbie's point, if we want to
3 expedite this, we may have to go out of the
4 area for the purchase. So I think to have a little
5 bit broader scope would be to our advantage.

6 MS. MARKHAM: Agree. This is Gail. I agree
7 with you. This product you just can't get it here
8 -- I mean, in a perfect world, yes, but we may have
9 to get out of the area to get the product, have it
10 manufactured here, but get the product from
11 somewhere else.

12 MR. BOLTER: The benefit is still here.

13 MR. HUMPHREY: If we can work with that example
14 you just gave, Ed.

15 MR. HOOLIHAN: This is Tom. I think we are
16 dealing with a different situation here. We are
17 not dealing with long term economic planning here.
18 We are dealing with an emergency that needs to be
19 dealt with now. So we are trying to protect our
20 own citizens so you get what you can get anywhere.

21 MR. BARTON: Yeah, I agree.

22 MS. ROEPSTORFF: But I do like that -- this is
23 Robbie. I like that blend. I like if there is
24 somebody here that knows, like Doug, well, yes, I
25 can go out and I can get that product from here,

1 and I can make it here, that accomplishes our
2 mission as well, I think.

3 MR. BOLTER: Especially -- this is Ed.
4 Especially if it expedites it. I mean, speed --
5 now -- we need this stuff now not, as you said,
6 Robbie, three months from now. We need it now.

7 MR. BARTON: Exactly.

8 MR. GYURE: This is Doug speaking. Basically
9 I think yesterday or two days ago Dana Burnett from
10 Lee Economic Development contacted me, we have a
11 company locally who makes some type of apparel wear
12 that they can retool into the suits that are needed
13 in some of the medical environments, but their own
14 workers can't work because they are not protected,
15 they are working in too close of an environment.
16 He reached out to me for -- well, he reached out to
17 the association for 3 D printing. I said -- so I
18 called him to speak to him about that. And, you
19 know, I wasn't really -- in that case the masks
20 were going to a company locally who would be
21 producing a good that would be coming into the
22 hospital. So some of these inquiries that we are
23 getting are a couple of steps away.

24 And, you know, one of my concerns I, you know,
25 I now, of course, in hindsight wish I ordered my

1 3 D printer about a month ago, but I didn't, and I
2 held off because of finances. I knew we were
3 coming into crazy times and, you know, I want to
4 reserve my cash and not do anything to commit any
5 cash not knowing if business would go up or down.
6 Little did I know my phones would ring off the
7 hook. I could have probably produced around 60,000
8 components that go into ventilators in the past
9 three weeks. We have been talking 24/7 here at my
10 company. All of a sudden I am seeing things very
11 different.

12 But we do have people that are hurting who may
13 be able to fill that void but just aren't speaking
14 up because they don't have the funds to do it. So
15 I am a hundred percent behind us being willing to
16 commit money if a proper solution comes forward.
17 You know, personally I know figures are thrown
18 around. I have no problem with us making a
19 commitment of 250,000.

20 MS. MARKHAM: This is Gail. Is that a motion?

21 MR. GYURE: Well, that's what I was wondering
22 if we need it at the moment. I would make it as a
23 motion.

24 MR. BOLTER: And I would second it as a motion.
25 This is Ed.

1 MR. HUMPHREY: And I would thank you as counsel
2 to having that as a motion.

3 MR. BARTON: Sorry, who made -- somebody made a
4 motion.

5 MR. HUMPHREY: Doug.

6 MR. BARTON: Doug, okay.

7 MR. HUMPHREY: Ed seconded it.

8 MR. BARTON: Could you repeat the motion,
9 please?

10 MR. GYURE: The motion is to commit \$250,000 to
11 encourage any local individuals who can help --
12 come forward to address our pandemic situation to
13 enable our hospital system -- or I guess that's
14 what we have to clarify, where the benefit has to
15 be. We are going to need some help on that.

16 MS. MARKHAM: Health and safety benefit.

17 MR. GYURE: From a legal perspective where are
18 we able to provide our help?

19 MR. HUMPHREY: If I can suggest with your
20 motion that it be not to exceed 250,000 with the
21 understanding that each project would have to be
22 examined -- or each request would have to be
23 examined to determine whether again it can meet
24 your legal requirements as to the Industrial
25 Development Authority. I think it's broad.

1 And as George reminded me, there's -- the last
2 section under 159 says that, in fact I have it
3 here, you have discretion in trying to accomplish
4 things that benefit your county and economically.
5 And, of course, with it being already a public
6 health crisis that we have as an emergency, I think
7 that there won't be much trouble doing it, but that
8 still leaves it with the IDA, and leaves it like in
9 what -- Doug, you gave a good example what you were
10 saying, if that entity then needs something -- and
11 what we can do is, if we ever get our telephonic
12 set up right, we can ask you to meet, you know,
13 every other week or -- our other clients are
14 meeting every week, I don't want to ask you to do
15 that, but at least every second or third week.

16 MS. MARKHAM: I am willing to meet as
17 frequently --

18 MR. BOLTER: I would meet every two days if
19 there was something that -- there was something we
20 could move along.

21 MR. HOOLIHAN: This is Tom. I agree.

22 MS. ROEPSTORFF: I agree. It's Robbie.

23 MR. BOLTER: This is Ed. I agree.

24 MR. KIRKWOOD: Wayne. I agree.

25 MR. HUMPHREY: So it looks like unanimous

1 approval of the motion as seconded.

2 MR. BARTON: I'm sorry, was it Ed that seconded
3 it?

4 MR. HUMPHREY: Yes.

5 MS. ROEPSTORFF: Yes. May I make a motion that
6 we call upon our Community Foundation --

7 MR. KNOTT: Robbie, we cannot -- Robbie, the
8 stenographer cannot pick you up and we cannot get a
9 record. Can you please restate your motion?

10 MS. ROEPSTORFF: Sure.

11 MR. BARTON: I'm sorry, you have lost me on
12 this. I'm still on the original -- this original
13 motion to commit 250,000. Is that correct?

14 MR. HUMPHREY: Well, it was verified. They
15 seconded that motion and they approved that motion.

16 Now Robbie is --

17 MR. BARTON: I'm sorry, I wasn't sure -- clear
18 of the wording of the motion, other than somebody
19 said to encourage a local manufacturer or something
20 to -- and the rest of it I lost somewhere on the
21 phone.

22 MR. HUMPHREY: I took -- that's okay. I don't
23 mean to cut it off, but I took that and discussed
24 it so I'm prepared with Doug and the second to word
25 it to where I'm sure that's what the Authority

1 members were saying is appropriate.

2 MR. BARTON: Is everyone in favor of that?

3 MR. HUMPHREY: Yes, they already approved it.

4 MR. BARTON: They voted, okay. I'm sorry, but
5 I think I lost it somewhere on my phone and I
6 didn't get it. It was unanimously approved.

7 MR. HUMPHREY: Now we are asking Robbie --
8 Robbie thought about another motion which maybe
9 could bring certain leaders with Sarah and Carolyn
10 maybe helping us to plan certain leaders to report
11 to you, the Authority. Is that right? Robbie,
12 would you take over now?

13 MS. ROEPSTORFF: Yes, sir. I think what we
14 were saying earlier is I'd like to make a motion to
15 make sure everyone is in agreement that we direct
16 -- we call upon the Community Foundation of
17 Southwest Florida to explore with those dollars
18 that we have committed, explore with the
19 appropriate individuals, i.e. Dr. Antonucci who, as
20 we know who he is, and/or his designee and to have
21 more broad based -- also the president or
22 representatives of the Lee County Medical Society
23 to propose to try to meet with, tell them of these
24 dollars, tell them we like the priority of using
25 local vendors, local people, but not limited

1 thereto of what their need is for -- that will be
2 impactful for Lee County with those dollars and to
3 take care of the health and protection crisis that
4 we have got going on, and then have them report
5 back to us exactly this is what we are going to do.

6 MR. HUMPHREY: Is there --

7 MR. HOOLIHAN: I second that motion.

8 MR. HUMPHREY: Okay. Good.

9 MR. HUMPHREY: We have a court reporter that is
10 glad to help.

11 MR. KNOTT: Could I ask everybody to stop for a
12 second? Would you please before you make a motion
13 or second it state your name because the court
14 reporter is having a difficult time getting a
15 record of the motion.

16 MR. HOOLIHAN: That was my fault. I seconded
17 the motion.

18 MR. KNOTT: Thank you.

19 MR. BARTON: Jim?

20 MR. HUMPHREY: Yes?

21 MR. BARTON: Is Jim available?

22 MR. HUMPHREY: Yes, I am available.

23 MR. BARTON: I don't know why but I didn't get
24 any of that motion wording clear at all on my
25 phone. I don't know why, I just didn't get it. I

1 am not sure what it was -- could you simplify as to
2 what it is?

3 MR. HUMPHREY: Maybe try -- we have a court
4 reporter, David, and so that court reporter got it.
5 I want you to be able to understand because you're
6 voting.

7 So Robbie, could you kind of restate it?

8 MS. ROEPSTORFF: I was so verbose. George, did
9 you get it?

10 MR. KNOTT: If you all can hold on for one
11 second.

12 Madam Court Reporter, did you get
13 Ms. Roepstorff's motion?

14 THE REPORTER: I believe I did.

15 MR. KNOTT: Can you read it back for the
16 record?

17 MR. HUMPHREY: That's even better, Robbie.

18 MR. KNOTT: Hold on. Please don't talk because
19 she's trying to take down everything that's
20 occurring.

21 MR. HUMPHREY: And I am the worst, George.

22 (Record read.)

23 MR. HUMPHREY: This is Jim Humphrey. This is
24 why we have a court reporter. That was well said.

25 MS. ROEPSTORFF: That was beautiful. She did a

1 good job.

2 MR. HUMPHREY: Okay. Mr. Chairman, did you ask
3 for the vote?

4 MR. BARTON: Sorry, are you calling me again?

5 MR. HUMPHREY: Yeah.

6 MR. BARTON: Is there a motion for this and a
7 second?

8 MR. HUMPHREY: Yes, there is a motion and a
9 second. So if I may interject, Jim Humphrey again,
10 if I can -- all in favor of the motion indicate by
11 giving your name and saying yes or nay.

12 MS. MARKHAM: Gail Markham. Yes.

13 MR. HOOLIHAN: Tom Hoolihan. Yes.

14 MR. GYURE: Doug Gyure. Yes.

15 MR. BOLTER: Ed Bolter. Yes.

16 MS. ROEPSTORFF: Robbie. Yes.

17 MR. KIRKWOOD: Wayne Kirkwood. Yes.

18 MR. BARTON: Doug?

19 MR. GYURE: Doug. Yes.

20 MR. BARTON: That's everybody, isn't it?

21 MR. HUMPHREY: Wayne, you said yes, didn't you?

22 MR. KIRKWOOD: Yes.

23 MR. BARTON: The motion is approved. Is
24 everybody in agreement? Yes, the motion is
25 approved.

1 MR. HUMPHREY: I think really with those two
2 motions that we can move forward, Sarah, unless you
3 have another comment or question, I think that
4 gives us the opportunity to move forward. And we
5 understand this is an expedited process to where
6 the IDA really can come to the assistance of this
7 emergency health situation.

8 MS. OWEN: Yes, I will get on it right away.

9 MR. HUMPHREY: Mr. Chairman, this is Jim
10 Humphrey, I think, and -- George, unless you have
11 something?

12 MR. KNOTT: Yes, sir. Mr. Humphrey, had you --

13 MR. BARTON: Concluded. Thank you.

14 MR. KNOTT: Had you indicated, Mr. Humphrey,
15 that you wanted an additional meeting or what was
16 the timing of the additional meeting that was the
17 Authority's pleasure?

18 MR. HUMPHREY: Okay, this is Jim Humphrey.
19 George, I understand from them that they are ready
20 to meet, once we coordinate with Sarah and we are
21 ready, they are ready to meet again with -- of
22 course, that's the only way we can meet while this
23 emergency is going on, but telephonically. And I
24 will, as counsel, will coordinate it to make sure
25 it is at a time and a date that is acceptable to a

1 quorum, or at least a majority, and hopefully a
2 hundred percent of the members by telephone,
3 telephonic means.

4 I had an actual resolution I prepared, but I
5 don't think we are ready for that. That was going
6 to be to delegate to the Chair or someone else the
7 authority to go ahead, but I think this group has
8 said you are willing to meet by telephone whenever
9 we can come to it. You understand and we
10 understand it's an expedited -- We know that the
11 Foundation, and Sarah, and Carolyn work 24 hours,
12 so I don't know how they will add it to it, but
13 they will do it.

14 MR. KNOTT: Just as a point of order before you
15 all close your meeting, the notice of this special
16 meeting was published Wednesday in the Fort Myers
17 News-Press and in the Cape Coral Breeze. We
18 received no request, written email request, to
19 address the Authority as was required under the
20 public notice. Thank you very much.

21 MR. HUMPHREY: This is Jim Humphrey again. If
22 I may preempt you, David, is to ask the meeting be
23 closed. And George, is that what we do, just say
24 adjourned?

25 MR. KNOTT: That's it.

1 MR. HUMPHREY: Okay.

2 MR. BARTON: Jim, is there any other business
3 for discussion at all?

4 MR. HUMPHREY: No.

5 MR. KNOTT: Thank you all.

6 MR. HUMPHREY: Thank you. The meeting is
7 adjourned.

8 MR. BARTON: I would like to thank you all for
9 cooperating in this meeting, it is somewhat of an
10 experiment, but I hope it went to everybody's
11 satisfaction.

12 (Proceedings concluded at 11:32 a.m.)

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CERTIFICATE OF REPORTER

- - -

I, Karen K. Crawford, Certified Shorthand Reporter, Registered Professional Reporter, Florida Professional Reporter, certify that I was authorized to and did remotely stenographically report the foregoing proceedings and that the transcript, pages 1 through 43, is a true and complete record of my stenographic notes.

Dated this 13th day of April, 2020.



Karen K. Crawford, CSR, RPR, FPR

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