

Industrial Development Authority
April 29, 2020

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INDUSTRIAL DEVELOPMENT AUTHORITY
SPECIAL TELEPHONIC MEETING

Wednesday, April 29, 2020
10:00 a.m. - 11:57 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
Elizabeth Cosmai, M.D., a cardiologist with The Florida
Heart Association
Julie Ramirez, Executive Director of Lee County Medical
Society
Lisa Sgarlata, Ph.D, Chief Patient Care Officer and
Nurse Executive
Sherri Parmar, RN, The Clinical Practice Chair with Lee
Health
Warren Baucom, Lee County Economic Development Office
Dana Brunett, Senior Development Specialist with the Lee
County Economic Development Office

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

Lily Dalton, Paralegal

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PROCEEDINGS

MR. KNOTT: Jim, if you could read the names of the members and have them basically indicate whether or not they are in attendance.

MR. HUMPHREY: Yes, I can. In fact, I think, George, that's a good idea. The Authority members, and if I name you, would you please indicate yes being present or -- being present.

I will start with Gail Markham.

MS. MARKHAM: Present.

MR. HUMPHREY: Tom Hoolihan? Okay, not on yet. Robbie Roepstorff?

MS. ROEPSTORFF: Present.

MR. HUMPHREY: Ed Bolter?

MR. BOLTER: Present.

MR. HUMPHREY: David Barton?

MR. BARTON: Yes, here.

MR. HUMPHREY: Wayne Kirkwood?

MR. KIRKWOOD: Present.

MR. HUMPHREY: And Douglas Gyure?

MR. GYURE: Present.

MR. HUMPHREY: Good. So all members with the exception of Tom Hoolihan are present.

I would also like to then identify at the

1 beginning those who will address the Authority, and
2 let me call your names, and there may be some more
3 because I see Sarah has also arrived.

4 Elizabeth Cosmai, M.D., a cardiologist with the
5 Florida Heart Association?

6 DR. COSMAI: Cosmai.

7 MR. HUMPHREY: You will have to forgive me,
8 this southern accent.

9 MR. KNOTT: Doctor, could you please spell your
10 name for the record?

11 MR. COSMAI: My last name is C as in Charley, O
12 as in Oscar, S as in Sam, M as in Mary, A as in
13 apple, I as in India.

14 MR. KNOTT: Thank you.

15 MR. HUMPHREY: And I don't know if you heard
16 me, but I would like to repeat it, she's a medical
17 doctor, a cardiologist, with the Florida Heart
18 Association and also President of the Lee County
19 Medical Society. So we really appreciate you being
20 present.

21 And now I am probably going to miss this next
22 name, Julie Ramirez.

23 MS. RAMIREZ: Julie Ramirez. My last name is
24 spelled --

25 MR. HUMPHREY: Please spell your name.

1 MS. RAMIREZ: My last name is Ramirez and it is
2 spelled R A M I R E Z.

3 MR. HUMPHREY: And Julie is the Executive
4 Director of the Lee County Medical Society.

5 I saw Lisa on the screen. Lisa, are you
6 present?

7 MS. SGARLATA: I am present. Lisa Sgarlata and
8 it is S as in Sam, G as in George, A, R as in
9 Robert, L as in Lima, A, T as is Tom, A. I am the
10 Chief Patient Care Officer and Chief Nurse
11 Executive for Lee Health System. Thank you for
12 allowing me to be here.

13 MR. HUMPHREY: Well, thank you for being here,
14 Lisa. Lisa, as she just said, is the Chief Patient
15 Care Officer and Nurse Executive.

16 I also think Sherri Parma I thought -- are you
17 present?

18 MS. PARMAR: Yes, I am present. Hi.

19 MR. HUMPHREY: Would you give the spelling of
20 your name and then the title in the system.

21 MS. PARMAR: Sure. Yeah, so I'm Sherri,
22 S H E R R I, like a berry. And my last name
23 Parmar, P for Peter, A, R, M for Montana, A, R.

24 MR. HUMPHREY: Okay.

25 MS. PARMAR: And I work on the Gulf Coast

1 Medical Center COVID-19 Unit. I am working today
2 actually. And I work with Lisa Sgarlata and Lee
3 Health.

4 MR. HUMPHREY: Sarah Owen, are you present or
5 Elizabeth -- excuse me, Carolyn are you --

6 MS. OWEN: Yes, this is Sarah Owen and I am
7 present.

8 MR. HUMPHREY: What about Carolyn, Sarah, is
9 she present, Carolyn Rogers?

10 MS. ROGERS: I am present by telephone, Carolyn
11 Rogers.

12 MR. HUMPHREY: Thank you. Okay. With that is
13 there anyone else that would need to identify
14 themselves that may be speaking to the Authority
15 members or participating in this process?

16 MR. BAUCOM: Warren Baucom with the Lee County
17 Economic Development Office. Warren, W A R R E N,
18 Baucom, B A U C O M as in Michael.

19 MR. KNOTT: Mr. Humphrey, as a point of order,
20 this is George Knott, I would like to put on the
21 record that a notice of this Special Meeting of the
22 Lee County Industrial Authority was published in
23 the Fort Myers News-Press on April 20th of 2020 and
24 also published in the Cape Coral Breeze on
25 April 22nd of 2020. Thank you.

1 MR. HUMPHREY: Thank you, George.

2 And the court reporter would she identify
3 herself.

4 THE REPORTER: Yes, my name is Karen Crawford.

5 MR. HUMPHREY: All right. With that I heard
6 the Chairman, David, you and I talked yesterday,
7 and you graciously said that I could proceed with
8 the process and the procedure. So with that what
9 I'd like to do, unless someone has a question
10 first, George, is to begin with a recap of the
11 decisions by the Authority on Friday, April the
12 10th. Then I would call on the individuals who we
13 have just presented and ask them to consider
14 possibly making a presentation or a request for the
15 funding.

16 Next I will turn it over to the Authority
17 members after we have done all of that for
18 discussion and possible action or to schedule
19 another teleconference to where the Authority,
20 after discussions among themselves, can make the
21 decision. There will be several requests so I
22 thought that I would give you that option instead
23 of feeling like you need to make a decision this
24 morning.

25 I think I have read out the names so let me go

1 to the recap. What I am going to do is draw from
2 the court reporter's minutes and for the Authority
3 members we will mail that out. I thought we would
4 have it for today, but then I remembered it is a
5 teleconference, so we will email out the minutes
6 for the April 10th meeting. But I'd like to recap
7 because there were motions and decisions made. And
8 it started, Doug, with you. I am just going to
9 cover a brief part of it where you spoke and said
10 that -- first, you said basically I think yesterday
11 or two days ago Dana Brunett from Lee Economic
12 Development contacted me, we have a company locally
13 who makes some type of apparel to wear that they
14 can retool into suits that are needed in some of
15 the medical environments, but their own workers
16 cannot work because they are not protected,
17 they are working too close -- in too close of an
18 environment. And he reached out to me. Then he
19 said he reached out to the association for 3 D
20 printing. I said -- so I called him and spoke and
21 that in this case he decided to yes, to -- actually
22 order a 3 D printer. And he said that we are going
23 to a company locally to produce goods but that's
24 coming in the future. So some of these inquiries
25 that we are getting are a couple of steps away.

1 And as you know, one of my concerns is in
2 hindsight I wish ordered my 3 D printer about a
3 month ago. I held off because of finances. I knew
4 we were coming into crazy times and, you know, I
5 want to reserve my cash and not do anything to
6 commit any cash not knowing if business would go up
7 or down. And as a side note, Doug, I agree with
8 you. I could have probably produced 60,000
9 components that go into ventilators in the past
10 three weeks. We have been talking 24/7 at my
11 company. All of a sudden I'm seeing things very
12 differently.

13 So with that we do have people that are hurting
14 who may be able to fill a void but just aren't
15 speaking up because they do not have the funds to
16 do it. So I am a hundred percent behind us being
17 willing to commit money if a proper solution comes
18 forward. And I know the figures are thrown around.
19 I have no problem with us making a commitment of
20 \$250,000.

21 Then Mr. Bolter seconded that motion and it was
22 passed unanimously. So if I go to the second
23 motion, Robbie Roepstorff said for the record may I
24 make a motion that we call upon our community
25 foundation. We cannot, Robbie said -- let's see

1 the stenographer picked up -- we were having
2 problems with the stenographer, I guess, getting
3 the names and maybe the people being able to hear
4 so we corrected that.

5 And then going forward, let's see -- I'm trying
6 to expedite it as much as I can. I took -- here we
7 go. I think what you said, Robbie, is that -- I
8 think that what we were saying earlier is I'd like
9 to make a motion to make sure everyone is in
10 agreement that we direct -- we call upon the
11 Community Foundation of Southwest Florida to
12 explore with those dollars that we have committed,
13 to explore with the appropriate individuals, i.e.
14 Dr. Antonucci who, as we know who he is, and/or his
15 designee.

16 And, Lisa, thank you -- and also, I guess --
17 I'm sorry, the other nurse.

18 MS. PARMAR: Sherri. It is okay.

19 MR. HUMPHREY: Thank you. And to have more of
20 a broad base. So that's the reason why, of course,
21 we asked you, Doctor, and Julie, if I can get to
22 that tab, we have asked you to also be there and to
23 express your opinion or make some recommendation so
24 -- and if I may call you, Lisa -- excuse me, it is
25 Sherri, Sherri and Elizabeth, that's right. Sorry

1 again, court reporter, for my errors there.

2 Then, Robbie, you went on to say to have a more
3 broad base -- also the president or representatives
4 of the Lee County Medical Society to propose or to
5 try to meet with -- and thank you for both of you
6 being present today. And so the impact of Lee
7 County with those dollars and to take care of the
8 health and protection crisis that we have going on
9 and then have them report back to us directly.
10 This is what we are going to do.

11 And then the motion was made and it was
12 seconded by Tom Hoolihan. And then the vote was
13 also taken.

14 So hopefully I did a good review of the two
15 motions and the decisions made, but if you have any
16 question about it --

17 MR. HOOLIHAN: Jim?

18 MR. HUMPHREY: Yes?

19 MR. HOOLIHAN: This is Tom Hoolihan. I just
20 want to let you know that I am in the meeting now.

21 MR. BARTON: Thank you.

22 MR. HUMPHREY: So what I thought is that now,
23 and we can start with -- why don't we start with
24 the Lee County Medical Society. Elizabeth and
25 Sherri, if you would -- no, excuse me, Julie,

1 Elizabeth and Julie, correct that, if you would
2 please briefly review what you think is really
3 needed for the immediate future. This is why the
4 Authority really called a meeting, and I appreciate
5 the Chairman proposing that the IDA, which is the
6 Industrial Development Authority, but whose
7 interest is economic development within Lee County,
8 so having people put back to work, being able to
9 respond to the health needs of the county is
10 important, so that's why they committed to the
11 \$250,000.

12 And so I guess if we could start with
13 Elizabeth, and then go to Julie, and then, Lisa,
14 you next, and Sherri. And then, Sarah, I think you
15 have some other people that you could identify
16 themselves. So I turn it over to you, Elizabeth,
17 and ask that you please --

18 DR. COSMAI: Once again I want to thank you for
19 having Julie and I here in support of Lee County
20 Medical Society so thanks again.

21 You know, from an executive position we were
22 able to reach out to 151 physician groups, and we
23 did get a response from over 20 groups, because we
24 wanted to understand what were their needs during
25 this time with the pandemic and most -- all of

1 these groups that responded were small private
2 practice medical groups many of whom are being hit
3 financially up to -- perhaps 50 percent of their
4 business has been affected, 50 percent decline in
5 revenue at least, at least the practices that I
6 have spoken to.

7 Many of the responses included requests that
8 they were in need of various PPE, whether it was
9 masks or hand sanitizer, they are finding it a
10 little bit financially prohibitive to get hand
11 sanitizer even from our local distributors. I know
12 Wicked Dolphin has been very helpful in helping
13 various practices in the hospital, but from the
14 financial standpoint it might be a little bit
15 prohibitive for some of these small practices.
16 Obviously the N95 or even surgical masks are in
17 need.

18 But more importantly there is also a financial
19 concern with many of these practices with up to a
20 50 percent revenue loss that the PPE and the small
21 business loan grants from the Federal Government we
22 all know has been limited. And I think there was a
23 crash of the computer on Monday for the second
24 wave, so there's lot of businesses that have no
25 access. And their concern, in addition to PPE, was

1 providing financial stability for their employees
2 and, of course, their practice. So there are two
3 concerns, PPE, also financial concerns with keeping
4 our staff in place.

5 Julie, I don't know if you have anything more
6 to add on that.

7 MS. RAMIREZ: Well, I would second that. And
8 as I am sitting here, two more groups have emailed
9 me pretty much saying the same thing, that in order
10 to keep their employees safe, they are needing the
11 personal protective equipment, especially the
12 masks. Most of them are willing to downgrade from
13 the N95 that the hospital is requiring to a KN95,
14 which we do have someone in the state of Florida
15 that we can get to and probably get these masks for
16 our providers. Gowns have been back ordered.

17 And then the hand sanitizer -- I found it kind
18 of sad that several of the providers said that
19 their patients are stealing their hand sanitizers,
20 so what they had has been relocated. The question
21 we did ask: Have you been looking within Lee
22 County? And several of them had reached out and it
23 either wasn't there or it was too price
24 prohibitive. These are small groups and they can't
25 buy in bulk so they needed help.

1 MR. HUMPHREY: Thank you. Well said by both of
2 you.

3 Can I go back to the Authority now? Does any
4 member have a particular question before we ask the
5 other speaker? We can always go back for
6 additional questions, once we hear them all, but if
7 there is any particular question now that you would
8 like to ask either Elizabeth or Julie?

9 MR. BARTON: Yes, David Barton speaking. What
10 I understand from what was just said there is
11 actually a shortage, a shortage as well as some of
12 the equipment being price prohibitive; is that what
13 is being said?

14 DR. COSMAI: Yes on both. I know a specific
15 local practice that are having a hard time finding
16 gowns, medical gowns, that they have actually
17 resorted to buying ponchos, one of those throw away
18 ponchos that they can use instead of a gown. So
19 that is an example of some of the inability to
20 access the PPE, and then from a financial
21 standpoint quite cost prohibitive. And it is not
22 just N95 masks, it is even trying to find
23 thermometers that are reasonably priced, and the
24 specific type of thermometers that they are trying
25 to get. So there are various financial issues and

1 then, of course, access.

2 MR. HUMPHREY: I see.

3 MR. BARTON: How would that be overcome? I
4 mean is it something that could be overcome
5 financially or is it just there is an inadequate
6 supply anyway, inadequate supplies anyway?

7 DR. COSMAI: Go ahead, Julie.

8 MS. RAMIREZ: I can go after.

9 DR. COSMAI: So in regards to the KN95 mask,
10 the hand sanitizer, and the gowns, I have spoken
11 with a fellow executive who is the executive of
12 Orange County and several other societies here in
13 Florida, and because he was so much larger than our
14 medical society he and his team were able to buy in
15 bulk many of the supplies, and they have started
16 filtering into their warehouse, and he is opening
17 it up to some society members or executives like
18 myself to be able to help the members in Lee
19 County. I did talk on Monday. These small groups
20 can't buy in large bulk. This one organization
21 that I know for the last five years has bought them
22 in bulk and is going to repackage them and sell
23 them to our area.

24 Dade County bought -- I don't know how they
25 purchased them. I don't know if they bought it

1 with their own money or grant money. -- bought
2 masks and handed them out to their members for
3 free. So that is also a trend that's happening
4 among medical societies across the nation actually.
5 Connecticut was doing it. Dade County was doing
6 it. We would have to talk to our board to see if
7 that is something we would want to do.

8 MR. BARTON: Thank you.

9 MR. HUMPHREY: Okay. Any other questions?

10 MS. ROEPSTORFF: Let me just, if I may, I don't
11 and know if the Doctor -- members of the IDA we
12 represent different pockets of industry. And, if
13 appropriate, please let me know your email address,
14 and let me see if I can help any of your doctors
15 with PPE, not that I am soliciting business, but
16 with my IDA hat on I will try and do whatever I can
17 do to assist smaller physician groups in getting
18 those PPE items. It is necessary, and maybe you
19 can give your email address to Jim and Jim can
20 forward it to me or whatever. It is Robbie, I'm
21 sorry, I should have identified myself.

22 MR. HUMPHREY: Robbie -- This is Jim Humphrey.
23 If we could have all of the speakers provide emails
24 to me, I think you have my email address, but I
25 appreciate that comment. We will probably generate

1 more questions with the other presenters too.

2 Let's go to Lisa and Sherri.

3 MS. SGARLATA: Good morning. And thank you
4 again for allowing us the opportunity to speak with
5 all of you. As you know, we have been through an
6 unprecedented pandemic, actually 51 days as of
7 today. So I echo the sentiments of Dr. Cosmai and
8 Julie regarding PPE. It has been and continues to
9 be an ongoing -- not necessarily a battle right
10 now, but an ongoing urge to make sure that we have
11 that supply that is continuing, especially as we
12 watch our systems and our county open up and being
13 prepared for any kind of surge that would occur.

14 We at Lee Health have actually engaged with
15 some of our independent businesses locally. So you
16 heard about Wicked Dolphin. I can tell you that we
17 worked a little bit with Arthrex. We actually
18 provided materials for other companies to make
19 masks for us. So we have been extremely innovative
20 when it comes to that and working together with
21 that, but again still always a need.

22 But I wanted to capitalize on the most
23 important resource that we have, and that's why
24 Sherri is with us today, and I will allow her to
25 speak as well on what she sees at the bedside. It

1 is a fact that they are our most precious resource.
2 And we want to protect them and also be able to
3 recognize the work that they do and the innovation
4 that they have provided since this started. Again
5 that is what I will let Sherri speak to.

6 There are a lot of things that nursing in
7 particular -- as you may or may not know Nurses
8 Week is coming May 3rd through the 10th. Part of
9 what we would ask from this is that we actually use
10 one of the local companies called Promotional
11 Incentives to actually help us in celebrating
12 nurses that week, as a result of the work they do
13 and the innovation they have provided to keep us
14 safe as we move forward.

15 So what I will do is ask Sherri to share a
16 couple of things that she has worked with and what
17 she sees at the bedside. I just wanted to share
18 with you that Sherri is our clinical practice chair
19 so she represents nursing across the system.

20 Sherri, I'll turn it over to you.

21 MS. PARMAR: Thank you, Lisa, so much. And
22 thank you everybody, it's such an honor to be here
23 today. We really appreciate this. So I work
24 frontline on the COVID-19 unit at Gulf Coast
25 Hospital. I have seen so many things that have to

1 do with PPE, and it's not even just nursing that,
2 you know, gets to wear PPE. We have our
3 housekeepers, we have physicians, we have
4 respiratory therapists, all of us we are a team
5 together to help heal these patients. And PPEs to
6 us, listen, we feel so protected and we feel like
7 we are not cross contaminating our patients, which
8 is one of our biggest concerns, along with us being
9 protected, and we are just so -- just having PPEs
10 just helps us stay mentally focused as well.

11 There has just been so many good things that
12 have happened on our floor with our patients, even
13 though the media has not said a lot of that. I had
14 a patient yesterday that we were looking to
15 intubate because he was going downhill, and he fell
16 down into -- he was so short of breath he couldn't
17 even talk without being so short of breath. And we
18 were perking him up and, you know, having little
19 jokes. We found out he was a sky diver; we talked
20 about that. And we were able to Facetime his
21 family so that he could see that before he went to
22 the ICU. He knew everything that was going on.

23 These patients they are alone. They feel they
24 are alone. They don't have their family and their
25 friends there. But they are not alone; they have

1 us. And they have us. We can be in there and
2 spend time with them. And we are able to get to
3 know them. We are able to connect with them as
4 more than a patient, a person. They are our family
5 for even a day. And this is something that, you
6 know, means a lot to us.

7 And a huge shout-out to our community as well,
8 a huge shout-out. I mean we feel so appreciated.
9 We feel so thankful that everybody is so actionable
10 and helping us heal others. And it's just we can't
11 thank you all enough. Wicked Dolphin, there have
12 been other companies, soap companies, Moe's,
13 Carrabba's. I mean it is just amazing. I think we
14 have the best community ever. And I know this will
15 help us not only protect ourselves but protect our
16 patients because we are in there constantly.

17 You know, things happen, sometimes, you know,
18 we have got -- we have patients with trachs, we
19 have patients, you know, who have other issues that
20 are going on, along with COVID-19. And, you know,
21 a lot of the times sometimes we get soiled and, you
22 know, it is not just one person, we all have to go
23 out and change. We have a lot of procedures that
24 are happening in the room that, you know, promote
25 -- there are aerosol procedures. They are all

1 airborne so no matter what we have to wear an N95
2 mask; we don't have a choice. We have to protect
3 ourselves so we can protect each other, and our
4 patients and our families, you know, when we go
5 home.

6 We just really appreciate everybody. So thank
7 you so much. I just -- yesterday I felt like I was
8 truly able to make a difference in these patients
9 because I was able to go in there with them and to
10 do everything I can for them along with my team.
11 So thank you.

12 MR. KNOTT: Thank you.

13 MS. MARKHAM: Gail Markham. I have a question.
14 First of all thank you. But second of all I would
15 like to ask you about the food situation for the
16 frontline workers such as you. We are considering,
17 and I have personally donated to Frontline Foods, I
18 want to know how that's working for you, if there
19 is more need there, if we need to continue that or
20 we need to focus our energies in other places. So
21 please help us with that.

22 MS. PARMAR: I feel from my standpoint, I can
23 only speak with my unit and from what other
24 COVID-19 units have been going through,
25 communicating with them we have had so many food

1 donations from the community; it has been amazing.
2 And, you know, I think night shift is the one, you
3 know, where, you know, because a lot of places
4 close early they might, you know, feel the need. I
5 think overall we are so appreciative for the food
6 that has already been donated. We received so many
7 it's amazing.

8 Yesterday Moe's came over, which was amazing.
9 We're so -- we're so -- we're so amazed with
10 everybody.

11 MS. SGARLATA: This is Lisa. I just want to
12 let you know yes, we receive it every day, about
13 1200 meals every day is what we usually get. And
14 we continue to need those, so please -- as you may
15 or may not know, we continue to have over 200
16 patients at our hospital system that are either
17 persons -- people under investigation for COVID or
18 are actively COVID patients. So it continues
19 despite the fact -- and the blessing that we have
20 it has kind of leveled a little bit. So anything
21 that you can do we would be grateful.

22 MS. PARMAR: We would be so grateful.
23 Especially a shout-out for our night shifters
24 because a lot of times, you know, our night
25 shifters aren't able to get enough. And we are a

1 locked unit. All of these units are locked units.
2 And we are not really able to leave the floor
3 because we can't cross contaminate others. We're
4 so appreciative of anything. We are so thankful.

5 MR. BARTON: Thank you. Thank you. Jim?

6 MR. HUMPHREY: Yes. David, I think now we next
7 go to Sarah or to Carolyn, and I believe they have
8 some input I think particularly in response to
9 Gail's question too. So, Sarah, do one of you two
10 want to start?

11 MS. OWEN: I am Sarah Owen. And I proposed
12 this the last couple of weeks on the task that the
13 IDA presented me with, which was to really do both
14 within our major health system, Lee Health, and
15 also the Medical Society, taking into account what
16 are the smaller practices experiencing, but not
17 just look at the need but also look at the
18 sourcing. Because I heard from the IDA meeting
19 that you all were interested in how could you
20 support economic development in Lee County in
21 concert with providing needed supply. So it was
22 kind of a match.com exercise.

23 And I am so appreciative that Lisa, Sherri,
24 Julie are all on the phone. I have had
25 conversations with both Lisa and Julie. Julie,

1 after we talked you got it right out, and I think
2 both were so meaningful that you shared. Lisa and
3 I had some texts and conversations, and I also had
4 an opportunity to talk to Chris Simoneaux as well
5 from kind of a development aspect.

6 And so what I found and really trying to focus
7 in on who's doing something locally that you could
8 support but would be needed and be able to be put
9 into the supply chain, because remember people have
10 ideas, right, they may want to get -- they may want
11 to get 3 D printers or retool some manufacturing,
12 but if Lee Health or one of the practitioners can
13 enter that into the supply chain, they could be
14 making it for nothing. So there is a very high
15 level of scrutiny, as it should be with Lee Health,
16 putting things into their supply chain that have to
17 be used.

18 I also spoke with the Economic Development
19 Office Director John Talmage. I am glad to see
20 some of his team here on the phone. I think I had
21 indicated in our last call that they were getting
22 ready to put out a survey, and so I spoke to him
23 based on some of the survey results that they were
24 doing particularly around people doing
25 manufacturing. Here are the highlights that --

1 again I'm focusing on the matching of local
2 sourcing to the need. So it did become apparent in
3 my conversation, and I want to encourage either
4 Lisa or Julie if I say something here that has
5 changed since we have spoken or isn't accurate,
6 please speak up because you really are the
7 authority. But around the food source -- I think
8 Sherri did a great job of saying hey, we are so
9 grateful we are getting food every day. But what I
10 am hearing from Lee Health it isn't so much the
11 amount of food but the coordination of the food.
12 Like, if one restaurant just comes to Gulf Coast to
13 drop off food, that means possibly the Cape,
14 HealthPark and others are maybe not getting that
15 same supply.

16 So to Gail's point an initiative in partnership
17 with Lee Health has begun called Frontline Foods,
18 and that is a partnership also with LeeSar. So it
19 is the coordination of philanthropic dollars with
20 distribution centers, LeeSar, that are used to
21 distributing. So it is a more coordinated effort
22 so that a particular restaurant, I don't want to
23 name one, but like ABC restaurant, doesn't just
24 show up at Gulf Coast, right, can you imagine, and
25 then their food services people they have to then

1 handle that food. So a contribution to Frontline
2 Foods would go directly to both the restaurants,
3 right, the local restaurants. They are only using
4 locally sourced restaurants not outside of the
5 area. Frontline is focused on using local
6 restaurateurs. They would get the money to produce
7 the meals that then would be distributed. So the
8 economic development would be to the restaurants.
9 And the need would be the coordination with LeeSar
10 and the feeding of the frontline workers on the Lee
11 Health side. So that is one option that does have
12 an economic benefit.

13 The other option that really emerged in my
14 conversations was the Wicked Dolphin. That comes
15 up pretty consistently. And their owner indicated
16 that she could benefit from \$50,000. She would use
17 it to purchase a fermentation tank so they could
18 have equipment and to continue to use the sanitizer
19 now and in the future if needed. The funding would
20 also cover two new hires at \$14 an hour for 20
21 hours a week, and the acquisition of bottles and
22 containers to distribute, and an additional reverse
23 osmosis system to purify the water that's needed.

24 Now it's my understanding through both the
25 supply chain folks, Lisa, and others at Lee Health

1 that this has been an accepted product and that
2 they are using it. In listening to Julie speak and
3 also -- it also made me think if there was a way
4 that some of that Wicked Dolphin hand sanitizer
5 could make its way to smaller practices as well,
6 maybe that could be coordinated through Lee Health
7 or directly with Wicked, and we could talk again to
8 them to see if anything additional would be needed
9 or we could say provide you the dollars, can you
10 also provide these to the smaller practitioners
11 where cost seems to be an issue. So that is
12 something that just came up in listening.

13 I also wanted to say and I, of course, deferred
14 to the Economic Development Office team that's on
15 the line, but in speaking with John Talmage he said
16 that he felt that there was no immediate need from
17 manufacturing -- there were no current
18 manufacturers asking for money or needing money.
19 When I spoke to him last -- he said the survey
20 results just are rolling survey results, that there
21 isn't a report for us to look at like to do kind of
22 a match.com, but he said he is in constant
23 communication with the Lee Health supply chain and
24 that he was not aware of any local companies that
25 were at a stage that funding from the IDA would

1 produce -- would produce the supply and materials
2 that Lee Health needed. But again I defer to those
3 on the phone, if you have any updates on that. His
4 recommendation was that the funding from his survey
5 that nothing -- nothing had emerged in that lane.

6 So the bottom line is making a decision on
7 Frontline Foods and/or the Wicked Dolphin
8 distillery.

9 MS. MARKHAM: I have a question. Gail
10 Markham. I have been getting repeated emails from
11 Judy Cutler as to her desire, and she is actually
12 manufacturing some sort of masks through her
13 Therafoods company. Has anybody got an update on
14 that? That's a local manufacturer. Is that
15 something that could be used in the hospital system
16 or is it not something that is going to be
17 workable?

18 MS. OWEN: My understanding as of the last
19 email update I received from her -- her market, I
20 believe, is more consumer. And my understanding
21 from talking to the Lee Health is that they have a
22 lot of people producing those masks for free that
23 they can use. And so I know that she has launched,
24 you know, her marketplace for folks to purchase
25 those kind of masks, but they are not currently in

1 the Lee Health supply chain and had not been
2 approved.

3 But, Lisa, could you update?

4 MS. SGARLATA: Sure. I can tell you the
5 generosity of the community across the board has
6 been donations for hand sewn masks or non-health
7 grade masks that we have the ability to use.
8 It is not a manufacturing piece but more donations
9 that they have dropped off, and we use them for our
10 patients and their families. If they need them to
11 go home or while they are in the hospital, that's
12 what we use them for.

13 MS. OWEN: I don't know if the Medical Society
14 in their surveys are finding a need for some of
15 their practitioners to not have the N95 masks.
16 Apparently these are made with -- Judy's masks are
17 made with medical fabric, and they also have a
18 pocket to put an additional filter in. I am not a
19 medical professional so I don't want to speak to
20 this. I will let the medical professionals speak
21 to this.

22 But I don't know if there would be an
23 opportunity for IDA to order some from Judy now the
24 product is on the ground. I think previously there
25 was a concern that a lot of her supplies were

1 coming from out of the country and so there was a
2 hesitation. But now that she is producing the
3 masks and she has them produced and you can order
4 them, I don't know, I will defer to Julie on that,
5 if she's finding from her members if those type of
6 masks I am describing would be something that IDA
7 can support a local company and then distribute
8 them to the smaller practices.

9 MR. BARTON: That's a possibility. But do we
10 know of a source, a new source of supply then for
11 them?

12 MS. OWEN: She has got all of her source
13 material now. So she is in production and it's a
14 local company.

15 MR. BARTON: I see. I see. Okay.

16 MS. RAMIREZ: The list that I have of the
17 providers that emailed me yesterday they mostly all
18 say masks, but they are a huge range of providers.
19 We have got Ob/Gyn, you have got radiology, you
20 have got dermatology, a huge difference, and they
21 could use those masks. So I can contact all of the
22 people that emailed us and ask them specifically
23 and then get back to you probably within 24 hours,
24 but I think there is a need for that.

25 DR. COSMAI: I second it. I second it. This

1 is Dr. Cosmai.

2 MR. BARTON: Just briefly defer, if I may, to
3 Jim Humphrey on this, but, you know, I feel we --
4 my personal feeling is that we, the IDA, are more
5 than willing to provide funds for these sort of
6 items, but I think that, if I am correct, we would
7 want to be providing the funds to the hospital or
8 the main source of purchasing rather than the IDA
9 individually purchasing masks from a particular
10 manufacturer. Am I correct, Jim?

11 MR. HUMPHREY: Yes. This is Jim Humphrey.
12 That's part of the discussion. Like if they
13 mention the name Wicked Dolphin, I am not familiar
14 with that, but -- if it is for profit or not for
15 profit. But there are ways, as you said, for
16 example, for the executive -- I mean the Lee County
17 Medical Society some way to deal with them who are
18 -- having to deal with the physicians directly we
19 could work through that and still meet the legal
20 test for the economic development part.

21 MR. BARTON: Yes. Wicked Dolphin I think my
22 knowledge of them is they are a local Cape Coral
23 rum distillery, and I think they have some other
24 equipment that they have been able to supply
25 products to the health requirements.

1 But again deferring back in a sense to my
2 previous remark, I don't think that the IDA would
3 be wanting to make independent purchases to
4 different companies like that. I would have
5 thought the IDA wanted to provide funds to Lee
6 Health for them to all -- or a similar organization
7 of that type for them to decide where they need the
8 funds to provide their requirements.

9 MS. MARKHAM: David, I respectfully disagree on
10 that. I think our focus needs to be infusing money
11 into our local economy for economic development.
12 And that means a company such as Wicked Dolphin,
13 which is a very fine company, investing in the
14 equipment so they can produce more of this hand
15 sanitizer, for example, and then they can add to
16 the supply chain for the hospital and for the
17 doctors at a reduced price or whatever be deemed
18 that they can do, but they need the equipment
19 first. So one of the proposals that Sarah has made
20 is to invest \$50,000 into Wicked Dolphin so they
21 can get the equipment, they can get the employees,
22 they can get the bottles, et cetera. And we can,
23 as Sarah suggested, we can take that farther and
24 even -- providing some more to reduce their prices
25 so that the doctors can get them at a reduced price

1 or whatever works.

2 The other thing that Sarah had proposed is this
3 company such -- excuse me, an organization such as
4 Frontline investing the money back into our local
5 restaurants so that we could put our restaurant
6 workers locally back to work and we could keep our
7 restaurants, our local restaurants, in business. I
8 know Sandy Stilwell's restaurants are involved,
9 Jason's Deli, those are two examples that come to
10 mind immediately, and we are helping them survive,
11 and that is putting money back into our local
12 economy, putting people to work. And I think
13 that's what we are all about here. Ultimately the
14 hospital and the doctors are going to benefit.
15 What we are here hearing today is what they need so
16 that we can invest the dollars in the appropriate
17 organizations to meet their needs.

18 I think handing the money to the hospitals is
19 not appropriate for our Authority. Would you all
20 agree, Authority members?

21 MR. KIRKWOOD: Yep. Gail, if I can, and,
22 David, if I may --

23 MR. KNOTT: Excuse me, Tom, are you -- have you
24 got two devices going?

25 MR. KIRKWOOD: No, I don't. How do I sound

1 now?

2 MR. KNOTT: Now you're fine.

3 MR. KIRKWOOD: I was saying that I am in step
4 with Sarah and Gail. I think that the best way for
5 us, and Sarah's point, is to point dollars that are
6 for economic development and health and welfare of
7 the community, but also for the health and welfare
8 of meeting the needs of the medical community. And
9 the idea of Frontline Foods is absolutely
10 phenomenal and Wicked Dolphin as well. I think
11 they are two very valid solutions to what we are
12 trying to be party to.

13 Those dollars would be deployed directly to the
14 benefit of the community and also may be able to be
15 additional dollars to offset some of the costs of
16 these small medical offices by maybe empowering
17 some volume buying. I don't know how you would
18 administrate that, but if we have dollars that can
19 do some volume buying, we may be able to purchase
20 other medical supplies for the smaller offices at a
21 discounted rate or a better rate than they are able
22 to buy.

23 MS. OWEN: One question I wanted to pose though
24 in this decision making, is Wicked Dolphin your
25 long term for sanitizer product, because I wasn't

1 sure if it was a short term solution at this point
2 for you or if this is going to be an ongoing
3 situation.

4 MS. SGARLATA: I think what we found with a lot
5 of our local vendors are that these were an
6 innovative way of actually getting from point A to
7 point B until our normal vendors were up and able
8 to meet the need during the pandemic. So as a long
9 term investment we will probably not look to Wicked
10 Dolphin for our normal supply, as we already have
11 vendors contracted.

12 And I would assume, I mean, I know there are
13 vendor contracts within private care offices as
14 well. I will let Dr. Cosmai actually answer that
15 or Julie. I can just tell you it is a short term
16 resolution for us until our vendors get up and
17 running again.

18 MS. OWEN: Wicked Dolphin said they wanted to
19 be set up for the long haul, right, like, if this
20 comes again in the fall or whatever, like, they
21 wanted to be ready. But I wasn't sure if it was a
22 long term supply chain thing for you.

23 MS. SGARLATA: No, you're correct. We are
24 actually back on using one of our vendors already.
25 Just had a report out this Monday.

1 MS. ROEPSTORFF: This is Robbie. I would like
2 to hear from the Lee Medical Society. The smaller
3 independent physicians how do you feel that you
4 could utilize them?

5 DR. COSMAI: This is Elizabeth Cosmai again. I
6 do think they could be a very good source,
7 especially if there's financial backing, if money
8 is going to be allocated other ways in trying to
9 get some of these supplies. And we would like to
10 stick on a local level. You know, we can discuss
11 this as a board and, of course, talk to these
12 practices that are in need of the PPE and be a
13 support to our local economy in purchasing whether
14 it is the sand sanitizers through Wicked Dolphin as
15 long as they are producing that. We are very
16 interested in those masks. I think Gail just
17 mentioned a name Judy Cutler, I believe. We would
18 really like a link to that and how we can purchase
19 that and funding for that could be directed to her
20 specifically for those masks. So we are very
21 interested in that aspect.

22 MS. MARKHAM: Dr. Cosmai, Judy Cutler is a
23 social entrepreneur. Her whole life mission is
24 about helping the community by way of being an
25 entrepreneur. So this is, like, a perfect fit, if

1 we can make this work, because it meets all of the
2 criteria for you and the IDA, and there might be
3 others like that.

4 Sarah, you can probably respond to that on
5 Judy; you know her pretty well.

6 MS. ROEPSTORFF: Could I just ask one final
7 question from the Medical Society, please? If we
8 make this investment in Wicked Dolphin, I hear Lisa
9 loud and clear they can -- they have the larger
10 vendors, larger contracts, but I would look at this
11 investment more for the long term of the
12 independents. I would like to ask them how would
13 you be distributing that, do you have a supply
14 chain that the physicians come through you, Julie,
15 or how does that work?

16 MS. RAMIREZ: If the executives in Orange
17 County can do it, we can do it too. The society is
18 a 501(c)6, but we also have a foundation which we
19 would like to funnel money through the foundation,
20 as our goal for the foundation is the health and
21 wellness of our physicians. We have always focused
22 on mental health in the last two years with that
23 foundation, but now it is coming down to
24 physical/mental as well and financial. So we are
25 up for the challenge.

1 DR. COSMAI: Yeah, I second that because we
2 definitely have a foundation created, and we would
3 specifically allocate the funds that are sent our
4 way to help specifically our physicians needs
5 during this time, and that includes again what
6 Julie said and some of the financial purposes it is
7 more than ever.

8 MR. HUMPHREY: If I can interrupt, this is Jim
9 Humphrey.

10 MR. BARTON: Yes, Jim.

11 MR. HUMPHREY: I like this discussion, but I
12 would ask that the people please remember to state
13 their name for the court reporter first.

14 But I also appreciate the comments about the
15 medical society being a 501(c)3, which gives you as
16 an Authority more options because it can meet the
17 test of being distributed with the conditions and
18 the fact that those conditions would affect the
19 local physicians and their offices that are needed,
20 mainly their offices more than the individual
21 physician's compensation or anything.

22 So I would ask that all of you keep talking,
23 discussing for a little while. It is 5 to 11:00 so
24 we are all right with time it seems like.

25 And then I will repeat again that what you can

1 do is after discussing it you want time to think
2 about it, some additional time, then it's possible
3 to reschedule another teleconference so the
4 Authority can further discuss and then make a
5 decision.

6 Let me ask George Knott. George, is that still
7 available we are still under the, what is it, 2069?

8 MR. KNOTT: Yes. We're under 2069 until May 8.
9 And the governor could extend that executive order.
10 I have been told that he will be addressing that
11 towards the end of this week as to whether to
12 extend that order or not. But if he does not
13 extend the order, the Executive Order 2069,
14 pursuant to which we are engaged in an electronic
15 public meeting will term out on May 8. We have to
16 give seven days notice for a follow-up meeting,
17 unless we do it as an emergency special meeting.
18 So you need to factor all of that into -- take all
19 of that into account.

20 MR. HUMPHREY: Thank you, George.

21 Okay. Back to -- if we could -- I think there
22 are some we haven't heard from. And I don't think,
23 Robbie, you finished nor Gail. So I'll just have
24 an open session right now.

25 MS. MARKHAM: This is Gail. I would like to

1 once again ask Sarah her opinion on feasibility
2 with Judy, is she in a position or are we in a
3 position to even want to have her part of our
4 consideration?

5 MS. OWEN: Yeah, her masks that the Medical
6 Society mentioned that are the K95, the one that
7 has the filter, it appears that she is selling
8 those to the marketplace for \$19.95 each. But we
9 can reach out to her to see if in a bulk rate -- I
10 know Julie mentioned she could get quickly a number
11 of how many of those that she would need and bring
12 it to Julie to see.

13 Judy has other products of lesser masks that
14 are in the range between \$9 apiece and \$12 apiece,
15 with the 95 mask being \$19.95. But again that's
16 her selling to the marketplace, you know, through
17 her website. I am guessing that is not maybe her
18 cost in full. So if Julie -- I mean, I could put
19 Julie and Judy in direct touch with each other and
20 step out of the middle, and they could find out a
21 negotiated price to meet the Medical Society need.
22 And then the same thing I think -- that would be
23 for the masks.

24 MS. RAMIREZ: Hi, this is Julie. Yes, that is
25 a good idea to connect the society with Judy. And

1 then I will also on my end -- and meet with these
2 20 physician offices because -- to find out what
3 are the prices they are actually normally paying.
4 And then we also need the specifics on the masks.
5 I think we and Judy connecting is a really good
6 idea.

7 Then is it possible we can do that and then
8 circle back for that emergency meeting?

9 MR. HUMPHREY: I can say -- this is Jim
10 Humphrey -- yes, the answer to that question.
11 That's why I was asking about having another
12 teleconference. And we can do it within the legal
13 parameters I believe. That's why I thought that
14 this may result in just having to come back with
15 additional information and -- well, just additional
16 information.

17 I still was hopeful that Robbie and others
18 could keep the discussion going on for a little
19 while, so I can from that take what it seems like
20 the Authority wants to really go forward with.

21 MS. ROEPSTORFF: I would love to hear -- this
22 is Robbie. I would love to hear from Ed and Tom
23 and Doug. Doug, you know, because you were in the
24 throws of doing some things, are you kind of -- did
25 you have any questions or input?

1 MR. GYURE: Not so much the capabilities that I
2 am more aware of on masks are nowhere near the
3 medical level that's necessary for the hospitals or
4 even probably for the doctors offices.

5 What I am hearing, I just do want to understand
6 for clarity, are we talking about us putting in
7 money to the society so they can do the purchase,
8 and then hopefully they are able to provide it to
9 our local medical professionals at an affordable
10 price that it becomes self sustaining? Are the
11 doctors going to then -- or the offices going to be
12 purchasing it? They are taking advantage of our
13 bulk buy one time, and they should be able to keep
14 the supply up because they are going -- we will
15 supply the feed money and then it will feed itself.
16 Are we looking at, like, a one time bump? The
17 masks, you know, I am a hundred percent in
18 agreement that, you know, they are going to work
19 safer, happier, everything, if they can just be --
20 they know they have the right PPE, so I am a
21 hundred percent behind that. I just want to make
22 sure the line is drawn as to what we are providing
23 -- what we are thinking of providing.

24 MR. BARTON: Thank you.

25 MS. RAMIREZ: We rely greatly on grants. And I

1 know grants are usually given because it's a long
2 term. But in this situation it's hard to see a
3 long term solution versus solving a need that is
4 happening right now to be able to get our providers
5 through this crisis, giving the -- because all of
6 our providers have suppliers, but apparently the
7 suppliers are either overwhelmed, don't have
8 anything, and eventually will have solutions, but
9 right now they don't. And then the May 8 is coming
10 soon. And all of the doctors are hoping that --
11 oh, what's it called -- they are hoping that the
12 date stays the same, if not sooner, because they
13 need to get back to work. And we have got patients
14 that need to have elective procedures done.

15 So it is a little bit different because usually
16 grants are long term, but this might be something
17 that needs to be in the next three to six months
18 instead of long, long term. Does that make sense?

19 MR. GYURE: It sounds like you really need to
20 make a decision as fast as possible that we are
21 willing to put some money into -- we are talking
22 masks at the moment, trying to figure that -- if we
23 can find that right purchase that's going to make
24 these offices that much safer, it almost sounds
25 like we need to get that cleared up at this point

1 instead of waiting for another meeting, if they are
2 going to be opening offices in a week, week and a
3 half.

4 MR. BARTON: Yes.

5 DR. COSMAI: This is Dr. Cosmai here from the
6 Medical Society. Just to go further with what
7 Julie said, we as a board did send a letter to
8 Governor DeSantis in support of the recent
9 statement of trying to open up for elective
10 procedures sooner than later, if possible, and
11 especially looking at county data. So we are
12 looking at trying to get our practices open for
13 these elective procedures that have been held off
14 for the last 30 days or so, 42 days perhaps.

15 MR. BARTON: Thank you.

16 MS. MARKHAM: This is Gail. What I am hearing
17 is that possibly a good solution here is to
18 dedicate some funds to the Foundation of the Lee
19 County Medical Society, and we could state the
20 parameters of what that would have to be used for.
21 It would have to be used for the masks, it would
22 have to be used for the hand sanitizers, and --
23 this is through local manufacturers and providers
24 such as Wicked Dolphin, and I am just going to use
25 Judy Cutler as an example so I can use an example.

1 And also I'm also thinking that the Medical Society
2 talk to Judy about providing the gowns too. I know
3 one thing about this lady, I have known her for
4 years, she can make anything and high quality at
5 that. And it may be she has an amazing idea or
6 resource for you, Julie, depending on what your
7 needs are and what that is.

8 So if we could look at making some decisions
9 sooner than later, maybe a dollar amount with the
10 parameters given to the Medical Society for what
11 they could use it for. How do you all feel about
12 that?

13 MS. ROEPSTORFF: This is Robbie. I would want
14 them to inspect her masks, look at her masks, what
15 she is producing, and make sure that it is
16 acceptable to their needs and that it would work
17 for distribution to their system.

18 And I am with you, Gail, I don't see any reason
19 why we can't earmark that and pledge that, and as
20 soon as they come back with they find it
21 acceptable, then we can disburse.

22 I guess, Jim, are we okay with disbursing? I
23 am asking all of the members, okay with disbursing
24 to a specific foundation to the needs or we
25 originally wanted to pull in the Community

1 Foundation so that there was reporting back to us
2 or, I guess, that foundation can report back to us.
3 I just want clarity on that.

4 MR. HUMPHREY: This is Jim Humphrey. Yes, with
5 the information that the society is a 501(c)3, then
6 public entities, like the Special District as well
7 as Lee Memorial Health System, can make such
8 agreements with the nonprofits especially with a
9 501(c)3. So as I have just taken notes, if you are
10 talking about maybe looking at the dollar amount
11 with some parameters and direct it that they would
12 be used for masks, gowns. You don't have to limit
13 to one or two. Yes, I think we could work with
14 that and work with the society.

15 MS. ROEPSTORFF: Okay. And then, Gail, where
16 you had started out earlier, I don't have a problem
17 with this Frontline, it sounds like there is a real
18 need, and that it needs to be -- they are getting
19 all kinds of food, but the distribution needs to be
20 specifically coordinated and that is a real
21 necessity for our Lee Health System.

22 MS. MARKHAM: Yes, from what I gained in
23 information over the last few weeks is that the
24 Frontline the benefit of that is they are employing
25 our local restaurants, our local labor force, and

1 also it is being coordinated with LeeSar where the
2 food is needed in the hospitals. Is that correct,
3 Lisa?

4 MS. SGARLATA: I'm sorry, I was on mute. Yes,
5 that is correct.

6 MS. MARKHAM: So would that be a great benefit
7 to you to have monies put in that endeavor?

8 MS. SGARLATA: Of course, yes, it would. It
9 would continue to serve all of our staff during the
10 next couple of months, if we continue through the
11 pandemic.

12 MS. MARKHAM: Thank you. I would like to make
13 a motion to get it on the floor so we can move this
14 forward if possible. I would like to make a motion
15 that we commit \$50,000 to the Frontline Foods,
16 commit \$50,000 to Wicked Dolphin with some
17 provisions that they try to make some concessions
18 to the local medical society in terms of pricing to
19 the best of their ability, and I don't even know,
20 maybe we need to add a little bit more to that, we
21 can talk about that, but my initial proposal is
22 \$50,000, I think that was Sarah's recommendation,
23 and also \$50,000 to the nonprofit sector, the
24 Foundation of the Lee County Medical Society for
25 the purpose of providing the much needed medical

1 supplies with the provision for their members. And
2 as far as I'm concerned it doesn't have to be just
3 their members. I don't know how they can vet that
4 out, but the medical profession as needed, and have
5 some criteria in place for that. But the most
6 important thing is these supplies must be in some
7 way of economic benefit to the local folks whether
8 it be the manufacturers, the suppliers, the
9 providers. It can't come from China or New York or
10 anywhere else. We have really got to figure out
11 how to employ and put money back into Lee County,
12 and that's what this money is all about. So that
13 is my motion.

14 MR. HUMPHREY: This is Jim Humphrey. Is there
15 a second to that motion?

16 MS. ROEPSTORFF: I will second it.

17 MR. BOLTER: Go ahead. Ed Bolton, I will
18 second that.

19 MR. BARTON: Yes, I heard that.

20 I would like to speak on this matter before we
21 go any further. I am not at all happy with the --
22 I have to say with the motion. I really feel that
23 if we are going to deal -- if we, the IDA, are
24 going to purchase material or equipment on behalf
25 of Lee County requirements, Lee Health -- Lee

1 Memorial I should say, I feel that we need to be
2 certain that those items that we are proposing to
3 purchase are acceptable to them and meet the -- all
4 of the safety requirements. I don't think we
5 should be purchasing independently of Lee Memorial
6 because I think if they don't find what we purchase
7 acceptable, for some reason or other it doesn't
8 meet their standards, it's all for nothing, we have
9 done it for nothing. I think we must work through
10 them with everything we do, as far as purchasing
11 masks or any type of equipment that is required for
12 medical purposes here.

13 MS. MARKHAM: Thank you, David. This is Gail.
14 I want to clarify. I was not proposing that we
15 purchase anything. I was proposing -- and also the
16 medical supplies are needed through the private
17 sector, that would be the Medical Society, that's
18 our physicians in Lee County and the physician
19 practices that are hurting so much. What I am
20 proposing is we give \$50,000 to their nonprofit
21 Foundation for the purpose of them investing the
22 money into the appropriate medical supplies that
23 meet their criteria and their needs in the local
24 medical society; that was my motion.

25 The hospital I understand from the memo that we

1 got from Sarah Owen dated Friday, April 17 from
2 Chris Simoneaux is there isn't a need -- the most
3 immediate need is a coordination of the food for
4 the front line, which is part of my proposal, and
5 also that they are pretty good on supplies, masks,
6 gowns, gloves, et cetera. And so he felt their
7 need foremost is for the food, the Frontline Foods,
8 not the supplies. So the supply piece is for the
9 Medical Society; the food is for the hospital.

10 The other piece, the Wicked Dolphin meets the
11 needs of both of them short term for the hospital
12 and maybe longer term for the Medical Society. And
13 also for our community I know most of our
14 businesses are having a really hard time finding
15 the hand sanitizers for our businesses in the bulk
16 that we need in order to bring our staff back to
17 the office in some perspective, we don't even know
18 what that means anymore, but we are going to have a
19 shortage also. So I think giving the money to
20 Wicked Dolphin to properly set up their operations
21 will help the businesses through the non-medical.

22 Did I explain that appropriately for you,
23 David?

24 MR. BARTON: Well, it seemed to me -- coming
25 back to it seemed to me the amount of money that

1 you were speaking of for the Dolphin was because
2 they are manufacturing masks or making masks. And
3 I am concerned that, you know, specifications are
4 changing all of the time with things, and if the
5 masks did not meet the requirements for any reason
6 of the medical profession certainly, it would all
7 be for nothing.

8 MS. MARKHAM: David, this is Gail again. They
9 are only manufacturing hand sanitizers, that's it.
10 They are not manufacturing masks. We do not have a
11 specific provision as to where the masks would come
12 from; that would be a requirement of the Medical
13 Society money to find the appropriate masks from
14 local manufacturers, if possible, or other medical
15 supplies that they have. And another thing they
16 can do in my opinion, as part of this motion, is to
17 be able to buy the hand sanitizer from Wicked
18 Dolphin because they are going to be manufacturing
19 it, if we give them the money, at a bulk price,
20 reduced price, and provide it to their members.

21 MR. BARTON: How do we know that the hand
22 sanitizer meets their requirements?

23 MS. MARKHAM: This is Gail. It already does.
24 It's already in play in use in the hospital. I
25 have actually seen pictures of it at Lee Health

1 next to the elevators in large containers, the
2 Wicked Dolphin hand sanitizer.

3 Is that correct, Lisa?

4 DR. COSMAI: That is correct.

5 MR. KIRKWOOD: Gail, this is Wayne Kirkwood.
6 We use it here at the office. I get it from Wicked
7 Dolphin as well, and it meets all of the
8 requirements.

9 MR. HUMPHREY: If I may interject, this is Jim
10 Humphrey, David, with the qualifications or
11 parameters that Gail included within her motion
12 that ensures that the money is going to be expended
13 in a particular way, a certain way, is that we can
14 do it -- this is going to be the legal aspects of
15 it. Once I can get the motion, we can then ensure
16 that we meet the legal requirements by -- it will
17 be an agreement that we will have to come back to
18 you, so we would ultimately have another meeting,
19 but it wouldn't have to be an emergency meeting.

20 DR. COSMAI: This is Dr. Cosmai again.
21 Miss Markham, can you -- I just want to clarify.
22 So you're going to be from the IDA perspective
23 sending money to Wicked Dolphin as well as other
24 local companies, is that for the purpose of
25 maintaining a bulk pricing that is competitive for

1 our local medical practices or practices that need
2 their sanitizer? Because then in addition, for
3 example, if you are sending money to our Foundation
4 for the purpose of distributing it to our medical
5 practices that need to purchase these PPE, you
6 know, items, how does that work? If we got
7 sanitizer from Wicked Dolphin with the money that
8 you just gave us, what is the money that is going
9 to them, and then how does -- do we get a better
10 pricing? I am just curious.

11 MS. MARKHAM: This is Gail. Very good
12 questions. It's a little confusing. What Sarah
13 Owen has done is her research with Wicked Dolphin
14 they actually need the \$50,000 to create a
15 distillery equipment of -- they have been using
16 their rum equipment to do this. I am sure they
17 would like to get back to manufacturing rum.
18 So this would be to provide for the extra employees
19 and also the equipment to distill it to set up that
20 operation. So the \$50,000 is for infrastructure
21 and employees to make this happen on a permanent
22 basis or a semi permanent basis.

23 The monies that we are talking about giving to
24 you folks are for your discretion to be used to
25 purchase that in bulk, hopefully at a good price,

1 and also to be able to get your PPEs, and your
2 masks, and those things that your folks really
3 need, but you all would be the conduit for it with
4 some provisions that you really need to put the
5 funds locally to purchase. That means not just
6 somebody -- a wholesaler purchasing them from
7 China. We really want to put the money back into
8 our local economy for supplies, and manufacturing
9 and employment purposes; that's our whole goal
10 here.

11 MS. SGARLATA: I'm sorry for the interruption.
12 I apologize, but I have to leave, I have another
13 meeting. I just wanted to thank you for the
14 opportunity to speak with you today and appreciate
15 anything that you can help us with. If it's the
16 food donations, that would be perfect.

17 Again I will answer any questions after the
18 fact, please let me know, and I will be happy to
19 send a response. So thank you again.

20 And thank you, Sherri, for participating as
21 well.

22 MR. KNOTT: Thank you.

23 MS. ROEPSTORFF: Thank you.

24 MR. BARTON: Thank you for attending. Thank
25 you.

1 MR. BURNETT: Hey, Jim?

2 MR. HUMPHREY: Yes?

3 MR. BURNETT: This is Dana Brunett from staff.

4 Do you mind if I mention a few things?

5 MR. HUMPHREY: No, not at all.

6 MR. BURNETT: Okay. The one thing I was
7 wondering about is if we are talking about funding
8 the Medical Society at the \$50,000 level, is there
9 an understanding of what the demand is out there
10 through their organization to fulfill the needs of
11 the doctors? And the other thing too is do we have
12 the local capacity to support that? Because we are
13 telling them they have to buy local, but if we
14 don't have the capacity to support that, I don't
15 want to hamstring them or at least the portion of
16 our money. But if you tie it to our money, that
17 should be doable. But I just want to have an
18 understanding of what their overall demand was,
19 what the real needs were from that perspective.

20 The other thing too if staff can help with
21 identifying some of the businesses out there that
22 can make products, masks, sanitizer. We have a
23 couple of distilleries making sanitizer, and many
24 companies have offered to make masks. We even have
25 another company that's in the process now of making

1 gowns. So we have been working with those
2 businesses and trying to identify needs when
3 working with Lee Health, so we have a listing of
4 those firms, so we would be able to share that
5 information and work with everybody to make sure
6 that we're identifying the right people hopefully
7 that can be successful.

8 The other thing that I wanted to mention is the
9 other side of this equation. We are hoping with
10 the Medical Society and the local docs and
11 everything as they reemerge, it's the rest of the
12 economy, all of the other businesses that are
13 probably going to have to have PPE equipment.
14 There is going to be a huge demand out there, and
15 not just locally, it is nationwide, and how we meet
16 that demand, and help them get open and operate
17 safely is something that, you know, we have just
18 really been kicking around because it is going to
19 be important for us to be able to reopen these
20 businesses. And there are a lot of these
21 businesses that have close contact, so having the
22 proper PPE equipment is going to be essential.

23 I know I threw a lot out there at you right
24 away, but I just want to make sure that, you know,
25 we have a discussion surrounding this.

1 MS. MARKHAM: This is Gail. Dana, that is
2 great information. So I think maybe a better way
3 to -- would it be more appropriate to say we can
4 appropriate up to \$50,000 to the Medical Society,
5 after coordinating with you and Sarah or whatever
6 the proper vehicle is, because like you said we
7 want to be able to have the ability to provide
8 these supplies and materials locally; does that
9 make more sense? That's the question.

10 MR. HUMPHREY: If I may interject, Gail, this
11 is Jim Humphrey, I got from your motion, and I was
12 going to respond to the questions about the
13 qualifications as to the 50,000 Frontline, 50,000
14 to -- I forgot the company's name, Dolphin --

15 MS. MARKHAM: Wicked Dolphin.

16 MR. HUMPHREY: And 50,000 to the society. All
17 of that -- for example, let's take the -- is it
18 Wicked Dolphin -- the Wicked Dolphin that 50,000 is
19 this going to be used for equipment? There would
20 still be provisions in there that as a result so
21 the investment for economic development and if
22 needed by the -- include as a party the Medical
23 Society as well as the health system that they
24 would be provided to those in the healthcare
25 business that under the -- under the governor's

1 declaration of the health industry then we can put
2 the qualifications still. They may -- you know,
3 they may have to acknowledge not only Lee Memorial
4 but also the association, if that -- I think if
5 that addresses your question, Elizabeth too.

6 MR. KIRKWOOD: This is Wayne Kirkwood. Dana,
7 when you said there is other distilleries making
8 hand sanitizers, are they local distilleries?

9 MR. BURNETT: Yeah, Tom's Distillery in Fort
10 Myers on Fowler has also been making hand
11 sanitizer. Well, Fort Myers Brewing is making the
12 wash for the hand sanitizer for Wicked Dolphin.
13 They have been working in partnership recently.

14 MR. KIRKWOOD: I would just want to be careful
15 that we didn't target only Wicked Dolphin when
16 others in the community are doing it. And if they
17 are, that they all have the same opportunity for
18 funds to accomplish the same ends to a means --
19 means to an end.

20 MS. OWEN: When I reached out to Lee Health,
21 they only indicated that Wicked Dolphin was in
22 their supply chain. We asked about the other
23 breweries, and when I inquired with Mr. Talmage
24 about the breweries, I was told that Wicked Dolphin
25 was the only one approved in the Lee Health supply

1 chain. That kind of met that match-up that you all
2 were looking for. So this information that Dana is
3 providing if he can expand on it and maybe indicate
4 if they are in the supply chain, but if it is going
5 to support the Medical Society, it may not need to
6 have met that concern.

7 MR. KIRKWOOD: This is Wayne Kirkland. Yeah,
8 that's why I was asking the question because that
9 came out of left field. I know Joanne has been
10 working very hard and providing what I thought was
11 pretty much everything if not the bulk of
12 everything in Lee County. So when Dana brought
13 that forward, I just want to make sure we are being
14 fair and equitable with all of the businesses in
15 the community.

16 MR. BURNETT: And, Wayne, to your point, I know
17 the Tom's Distillery product has been used here in
18 Lee County. We have it here in the business call
19 center, as a matter of fact. I believe they also
20 did some work through LeeSar. I can't be sure
21 about that, but I can find out. Those are the only
22 two distilleries that we are aware of in Lee County
23 and they have been working on that.

24 We have other hand sanitizers that came into
25 Lee County from one of micro brewers, but they are

1 producing it up in the Tampa area and are trucking
2 it in for sale locally. Those are the ones that we
3 are aware of. There are a lot of other
4 manufacturers like I said who make products. I
5 think if we do a good job of identifying the local
6 producers in Lee County so that our dollars are
7 circulating within the county, obviously that's
8 what we want to see happen because that is the
9 economic impact we are trying to achieve.

10 The question I asked about the Medical Society
11 is I think it would be good for us to have an
12 understanding of what the actual demand will be
13 through their organization for the small docs
14 because -- as they emerge, because the other thing
15 too is, you know, we are in a marathon here. It is
16 the other businesses, the for profit businesses,
17 that are going to be coming online that will have a
18 demand for PPE and hand sanitizers and those
19 things. This is the thing that we really have to
20 try and find a way to support long term, maybe not
21 our dollars, but work that we do through our office
22 and everything that goes with that because, you
23 know, the quicker we can get them open and
24 operating safely the quicker our economy will start
25 to recover. There is going to be a lot of

1 reluctance out there to go to those places with
2 close contact.

3 MS. MARKHAM: Dana, this is Gail. I think
4 it's great that we have this information, but I
5 also want to remind everybody we are not spending
6 all of our money, we are not even proposing to
7 spend all of our money, but we have got immediate
8 needs right now for the medical community which was
9 the purpose of this meeting. So my proposal is not
10 to spend all of the money, it's to spend the
11 immediate needs for the medical community which
12 have been recommended to us from Sarah Owen.

13 Back on task here, my motion, and a second, and
14 a discussion, just saying.

15 MR. KIRKWOOD: This is Wayne Kirkwood. And I
16 agree. I am just reminding everyone I believe in
17 our previous meeting we had earmarked 250,000, and
18 this would be 150 that would be specifically
19 earmarked, we would still in my mind have 100,000
20 in the bank to do some other good things with.

21 MR. BARTON: This is David speaking, David
22 Barton speaking. I would like to come back on
23 this. I am personally very uncomfortable about
24 this payment for the production of the hand
25 sanitizer. I mean there are so many hand

1 sanitizers on the market to choose from. I think
2 for us to be putting that much money just into --
3 not even to get the hand sanitizer free of charge
4 but from a program to make it. I think when I
5 brought this to the IDA, this proposal that we
6 needed to do something to help this catastrophe, my
7 intention was to try to give as much -- my thoughts
8 were by supporting as much as we could Lee Health
9 in order to service the people here, the people of
10 Lee County, and give them the best possible medical
11 benefits. I am somewhat disappointed with the idea
12 that we are putting so much money into a hand
13 sanitizer when, as I said already, there are many
14 hand sanitizers on the market that are available as
15 an alternative.

16 MS. MARKHAM: David, this is Gail. The problem
17 is you can't have -- have you tried to purchase any
18 lately? I can't find any lately.

19 MS. ROEPSTORFF: Can't find it.

20 MS. MARKHAM: The hospital has asked right in
21 their memo to us we need this hand sanitizer. The
22 Medical Society said to us today we need this hand
23 sanitizer. We don't have them in our office. You
24 don't have them. I don't know where you are
25 getting it, if you are getting it, because I can't

1 get it. I don't have any at the house either. And
2 I am not going anywhere so it doesn't matter. So
3 the bottom line is this is a critical need and you
4 don't have choices right now. So this is what we
5 are doing, we are meeting critical needs. I don't
6 mean to be pushy with you, David, but I am saying
7 we need this.

8 MS. ROEPSTORFF: This is Robbie. One thing
9 that I like about this is keeping our mission of
10 IDA we are supposed to invest in economic
11 development for Lee County. Investing in a company
12 that I understand from hearing everyone they are a
13 good company, I don't know anything about them
14 except I keep hearing Wicked Dolphin, Wicked
15 Dolphin, the good things that they are doing. We
16 are investing in a piece of machinery and to
17 employees dedicated right now to produce this. And
18 I know Jim in this agreement will put some way
19 somehow that it is there for in my opinion, number
20 one, the need of the independent physicians of the
21 Medical Society, Lee County Medical Society.

22 I heard Lisa loud and clear a lot of their big
23 vendors, if they get more volume and at more
24 reduced prices, come back online for them. So it
25 is really taking care of that small business

1 independent. But then at the same time going with
2 the Frontline for Lee Health, if we don't have that
3 work force on the front line and keep them
4 motivated, and fed, and the food coordinated, we
5 are going to be in dire need on that side too.
6 So I like where you are going on both of these.
7 Unless -- I forget what the third one was. What
8 was the third one?

9 MS. MARKHAM: The third one is Medical Society.

10 MS. ROEPSTORFF: Oh, yes, because they made it
11 very clear that they need masks and PPE equipment.
12 At the same time when we earmark that for that,
13 they are going to research Judy Cutler's local to
14 see if it is acceptable to them. They are going to
15 make that decision, we're not, but that's what it
16 is going to be utilized for is the protection
17 equipment so that when these independents, these
18 small -- can open back up, they are going to have
19 the equipment they need to stay healthy; right?

20 MS. MARKHAM: Robbie, I don't think -- this is
21 Gail. I want to make sure everybody understands.
22 I am not saying it has to be Judy Cutler. I am
23 using her as a very real example. There may be
24 others. And I think, Dana, you can help with that.
25 I heard you say there are other possibilities

1 there, which is wonderful. And Sarah might have
2 some more ideas too.

3 MS. ROEPSTORFF: Keep it local.

4 MS. MARKHAM: Keep it local.

5 MS. ROEPSTORFF: Okay.

6 MS. MARKHAM: It is -- between the Medical
7 Society and the EPO office and Sarah I am sure they
8 could vet that out.

9 MR. KIRKWOOD: This is Wayne Kirkwood again.
10 You know, just to let everyone know because a
11 number of you seem not to have a lot of depth with
12 Wicked Dolphin, but the fact of the matter is
13 Joanne jumped on retooling from making rum to
14 making hand sanitizer early, early on in the
15 process. She clearly identified it. She is a
16 bright, intelligent, articulate businesswoman. She
17 saw the need. She knew that we weren't -- well at
18 the same time we might not have been drinking as
19 much, but we moved more toward the sanitizer need
20 because she saw it was for the good health and
21 well-being of the community and an absolute need
22 because it was so hard to come by and it still is.
23 I mean, none of us can find it, that's why we get
24 it from Wicked Dolphin.

25 MS. MARKHAM: Well said.

1 MR. BOLTER: David, this is Ed Bolter. To
2 reiterate what Gail is talking about, I am having a
3 coincidence. I am having a deep cleaning of my
4 building tonight, 25,000 square feet being totally
5 gutted and recleaned before I call my employee
6 group back. The problem I'm having, as Gail
7 alluded to, I can't get hand sanitizers or hardly
8 any implements day-to-day for us to stay sterile as
9 we move about the office place. This product is
10 critical in the marketplace right now.

11 MR. GYURE: David, from the manufacturing
12 perspective the simple fact of having made an
13 investment, if we were to make this investment with
14 Wicked Dolphin, we are keeping it as local as we
15 possibly can, we are making that commitment to her,
16 then I would like to think as moving forward. This
17 is not going to -- this is going, they believe you
18 will get better and then be worse come the fall,
19 again fall and spring again. So this isn't about
20 to end. When the breakout occurred in China, in
21 the manufacturing environment everyone talked about
22 the supply chain. Well, this is why it is
23 important to have the supply chain local. If we
24 can have our hand sanitizer produced, you can't get
25 more local than right here in Lee County. To me it

1 sounds like a smart investment on our part. When
2 you brought up the idea of trying to do some
3 funding to help the Lee Health System, because
4 early on even the hospitals weren't being supplied,
5 the shortage was so bad the hospitals were finding.
6 Today the hospitals -- the threshold has been met,
7 the hospitals' needs are primarily getting met.
8 Now it's that next level now to open up our
9 economy. So to me this ties in beautifully to the
10 -- the ongoing economic health of Lee County is to
11 know we can produce -- and hand sanitizer has been
12 a challenge to get. I have had offers for five
13 gallon buckets of it from outside the area. You
14 can't get more local than within Lee County. So I
15 mean I am perfectly onboard with the proposal as it
16 is.

17 MR. HUMPHREY: Considering the time, this is
18 Jim Humphrey again, George, I was thinking if the
19 association after discussion and you have a motion,
20 it's probably ready to -- the association members
21 may be ready to go ahead and vote on that. And
22 actually instead of move forward, move towards
23 adjournment. I want everyone to be able to speak
24 to it, but there are a few that haven't said
25 anything. So it would be good if -- we heard from

1 Ed. We have heard I think -- well, maybe we have
2 heard almost from everyone now except maybe Tom,
3 Tom Hoolihan. So if everyone is ready to vote on
4 the motion, I think it's time to call the question.

5 MR. BARTON: Would all of those like to --
6 sorry.

7 MR. HOOLIHAN: This is Tom Hoolihan. Can you
8 hear me?

9 MR. BARTON: Yes, Tom.

10 MR. HOOLIHAN: I have been trying to comment
11 several times and for some reason I couldn't be
12 heard or anything like that. I don't know if there
13 was something on my phone or I am not sure what
14 happened but --

15 MR. BARTON: I didn't hear you.

16 MR. HOOLIHAN: At any rate I just wanted to say
17 I am generally supportive of Gail's motion. The
18 only thing that I would want to see or ask is if
19 there could be some sort of simple application
20 process created, a two-page or whatever, that shows
21 how much money, what exactly is being -- the money
22 being applied for, what is going to be the capacity
23 of the production, just something that we have a
24 record of because, as has been stated before, we
25 don't want to be criticized for favoring one

1 company or the other. And I know nothing about
2 hand sanitizer production, but I think the most
3 important thing is that -- I assume this is going
4 to happen, Jim, but that when we are talking about
5 the different recipients that they at least -- that
6 there is some application process where we can look
7 at it too so we understand exactly what we
8 accomplished with the \$50,000.

9 MR. HUMPHREY: That will be part of putting
10 this motion to paper and the qualifications of the
11 fact of ensuring that the purpose of the -- and the
12 use of the money.

13 And then it's my intent to bring it back to the
14 Authority for them to ratify. But mainly I think
15 we can work on something in response to your
16 concerns too where there is an accountability item.

17 MR. HOOLIHAN: My main thing is demand,
18 feasibility, accountability because once again this
19 is for the right purposes, and I like the idea it
20 is going to be purchasing equipment, but by the
21 same token we don't want to have other companies
22 that are producing it locally suddenly start coming
23 after us because we didn't at least understand what
24 they were able to do in comparison to the other
25 companies.

1 MS. MARKHAM: This is Gail.

2 MR. HUMPHREY: This is Jim Humphrey again.

3 Tom, we will do that because there was testimony to
4 the fact that the other companies were not maybe at
5 least qualified or being accepted by the health
6 system. And I would want to make sure not only the
7 health system but by the association or the
8 society; I mean I should say that.

9 MR. HOOLIHAN: I would agree with that.

10 MS. MARKHAM: This is Gail. Yes, I am in
11 agreement with everything, Tom, Jim, I am in
12 agreement with all of that. That to me is part of
13 the deal.

14 What I also want to remind you all is we
15 brought Sarah Owen and the Community Foundation
16 into this from the very beginning to make
17 recommendations to us. And, Sarah, if you are okay
18 with it, I would like for you to be part of the
19 process for approval because you have vetted this
20 out for us, and we deeply appreciate that, and I
21 think that you need to be part of the overall
22 decision making to finalize this.

23 MS. OWEN: I will help where it needs it.

24 MS. ROEPSTORFF: Vote?

25 MR. HUMPHREY: I think we are ready to vote.

1 MR. BARTON: Jim, are we calling a vote?

2 MR. HUMPHREY: Yes.

3 MR. KNOTT: Mr. Humphrey?

4 MR. HUMPHREY: Yes.

5 MR. KNOTT: Do I understand Miss Markham's
6 motion has been amended by Mr. Hoolihan's
7 application requirement and also the participation
8 of the Community Association?

9 MR. HUMPHREY: Well, what I understand, George,
10 is, I was making notes, I was going to include
11 that, but Gail just said, you know, that was
12 acceptable to the motion maker. So if you wanted
13 to just include that as either an amendment or add
14 it to the motion with the second by Ed, if he would
15 second.

16 MS. MARKHAM: I would add that to the motion.
17 So that's fine with me, Gail, who made the motion.

18 MR. BOLTER: Ed Bolter is fine with it for a
19 second.

20 MR. BARTON: I would like the motion read
21 again.

22 MR. HOOLIHAN: I understand it.

23 MR. HUMPHREY: I think everyone understands.

24 MR. BARTON: Everyone is clear.

25 MR. HOOLIHAN: The only other thing it would be

1 nice if the IDA actually saw these applications,
2 not to necessarily approve them at that point, but
3 I would like to see what the Wicked Dolphin is
4 going to accomplish, what they expect to
5 accomplish. Anybody else, you know, it just would
6 be nice to be able to say Wicked Dolphin is going
7 to get into the hand sanitizer business and going
8 to be producing X amount per year and not just
9 something short term, because I also suspect in the
10 long term Lee Memorial has a hand sanitizer
11 supplier, and they are all jumping -- right now
12 they are probably all working on increasing their
13 production too. But I'm okay with it. I would
14 like to be able to see something in writing or what
15 they are accomplishing so we know what they are
16 accomplishing.

17 MR. BARTON: Yes.

18 MR. HOOLIHAN: Not that it goes into releasing
19 the funds, because I have confidence in the Office
20 of Economic Development and Sarah Owen, but just as
21 a copy in a way.

22 MS. ROEPSTORFF: So question, Jim, is that
23 going to require you to come back for a special
24 meeting before the 8th?

25 MR. HUMPHREY: Well, this is Jim Humphrey, I

1 was thinking that we would be preparing the
2 proposed agreement and addressing what Tom and the
3 others said as part of the motion and send it out,
4 and then probably have another conference call
5 before the 8th of May to where we can -- in fact as
6 soon as possible as soon as we can prepare in other
7 words. To come back for at least to ensure that it
8 says what the Authority members all agree to.

9 MR. KNOTT: When would you like that meeting?

10 MR. HUMPHREY: George, when -- this is Jim.
11 The question now is when can one of the attorneys
12 help us prepare those after we review it with them.
13 The court reporter will give us the record and we
14 will take that. So I would think it would take
15 probably close to four or five days over the
16 weekend or something, but I would look to you.

17 MR. KNOTT: Would Tuesday work, that would be
18 Tuesday, the -- we could make it the 6th, if that
19 meets with everyone's approval.

20 MS. MARKHAM: What time on the 6th?

21 MR. KNOTT: 10:00 a.m.

22 MR. BURNETT: Can I interject for a second?
23 This is Dana Burnett. We are talking about
24 inviting three entities to apply for the funding,
25 reviewing those applications and then getting the

1 recommendation to the board. Tuesday seems really
2 quick.

3 MR. HUMPHREY: When you say board, you mean the
4 Authority, aren't you?

5 MR. BURNETT: The Authority. Yes, I do.

6 MS. MARKHAM: This is Gail. Aren't we voting
7 to go ahead and forward on that? Why are we
8 regurgitating this over and over again? I am not
9 getting this part.

10 MS. ROEPSTORFF: I am not either.

11 MS. MARKHAM: I am tied up all day in a
12 litigation matter, so I can't do it on the 6th.
13 But I am just wondering why do we have to come back
14 and address this, if we have already set out the
15 process? We have Jim drafting what we need to do.
16 We have Sarah and Dana working on it. Let's just
17 move forward, because we are setting forth the
18 criteria, why do we need to come back and
19 micromanage it? It's the last thing I want to do.

20 MR. HOOLIHAN: This is Tom Hoolihan. I agree
21 with you, Gail. It wasn't my intention to muck up
22 the process. I just wanted to know that we had
23 some process in place, an application process in
24 place. I wasn't expecting to have to vote to
25 approve it because that is what we are doing in

1 this motion. I just want to see something, you
2 know, that we know we have accomplished and how it
3 is going to be utilized. But I have confidence in
4 Sarah Owen, whoever is involved in the process that
5 that is going to be done. And basically I have
6 confidence in whoever is going to research it.

7 MR. BARTON: Jim Humphrey?

8 MR. HUMPHREY: Yes.

9 MR. BARTON: David here. Excuse me for
10 interrupting, but we are talking around this. I
11 would like to go back to -- we had a motion and it
12 was seconded. Everybody seemed to have spoken in
13 favor, but we actually haven't officially voted.

14 MS. MARKHAM: Right.

15 MR. BARTON: I feel we should call for the
16 vote.

17 MR. HUMPHREY: Yes, I agree with you. And I
18 believe from a legal perspective we could address
19 the comments today in the motion without having to
20 come back and have any ratification. I think that
21 we will, of course, give members copies of it, but
22 I concur with what was said by those speaking. So
23 we are ready to vote, Mr. Chairman, if you would
24 call the vote.

25 MR. BARTON: Is everybody clear on the motion

1 now with its adjustments?

2 MS. MARKHAM: Yes.

3 MR. HOOLIHAN: Yes. This is Tom.

4 MR. BARTON: I am going to call everyone's
5 name. If you would like to vote aye or nay
6 depending on your view. I will start down the
7 list. Tom Hoolihan.

8 MR. HOOLIHAN: Aye. Yes.

9 MR. BARTON: Doug Gyure.

10 MR. GYURE: Aye.

11 MR. BARTON: Gail Markham.

12 MS. MARKHAM: Aye.

13 MR. BARTON: Robbie Roepstorff.

14 MS. ROEPSTORFF: Aye.

15 MR. BARTON: Ed Bolter.

16 MR. BOLTER: Aye.

17 MR. BARTON: Wayne Kirkwood.

18 MR. KIRKWOOD: Aye.

19 MR. BARTON: Okay, Jim, we have a vote.

20 MR. HUMPHREY: Okay. Then the motion is
21 carried unanimously.

22 Did you call on every one of them? I was
23 trying to check them off.

24 Gail, did you vote?

25 MS. MARKHAM: Yes.

1 MR. HUMPHREY: Then that was all of them.
2 Okay. Yes, with that decision being unanimous,
3 then the motion carries. Time to adjourn.

4 MS. ROEPSTORFF: Thank you.

5 MR. BARTON: Thank you everybody. Did somebody
6 make a motion for adjournment?

7 MS. ROEPSTORFF: I move we adjourn.

8 MR. KIRKWOOD: Wayne is second.

9 MR. BARTON: Thank you. I am sure everybody is
10 well in favor.

11 MR. KNOTT: We stand adjourned.

12 (Proceedings concluded at 11:57 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 78, is a true and complete record of my stenographic notes.

Dated this 29th day of April, 2020.



Karen K. Crawford, CSR, RPR, FPR

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