

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: October 17, 2006

☒ Consent ☐ Regular  
☐ Ordinance ☐ Public Hearing

Department: Facilities Development & Operations

I. EXECUTIVE BRIEF

**Motion and Title:** Staff recommends motion to approve: a First Amendment to the agreement (R2003 -1066) with JFK Medical Center, L.P. (JFK), allowing for interoperable communications through the countywide and EMS common groups of the County's 800 MHz Radio System.

**Summary:** The Agreement with JFK, which provides the terms and conditions under which the Medical Center can program into its radios and utilize the countywide and EMS common talk groups for certain types of inter-agency communications. The agreement provides for three (3) 3 - year renewals. JFK has approved a renewal to extend the term of the agreement until July 15, 2009. Despite having notified the County of its intent to renew, JFK was delayed in returning the executed renewal, and the term of the original agreement expired July 15, 2006. The terms of the agreement are standard and have been offered to other hospitals and EMS providers. There are no charges associated with this agreement. JFK is required to pay all costs associated with subscriber units and to comply with the established operating procedures for the System. The Agreement may be terminated by either party, with or without cause. (FDO/ESS) Countywide (JM)

**Background and Justification:** The Agreement with JFK Medical Center provides the terms and conditions under which JFK can program into its radios and utilize the countywide and EMS common talk groups for certain types of inter-agency communications. The agreement provides for three (3) 3 - year renewals but renewals require approval by both parties. JFK has approved a renewal to extend the term of the agreement until July 15, 2009. The renewal now requires Board approval.

**Attachments:**

First Amendment

Recommended by: Annmy Wolf 9/28/06  
Department Director Date

Approved by: [Signature] 10/6/06  
County Administrator Date

## II. FISCAL IMPACT ANALYSIS

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2007	2008	2009	2010	2011
Capital Expenditures	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
Operating Costs	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
External Revenues	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
Program Income (County)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
In-Kind Match (County)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<b>NET FISCAL IMPACT</b>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>					

**Is Item Included in Current Budget?**    Yes\_\_\_\_\_    No\_\_\_\_\_

**Budget Account No:** Fund \_\_\_\_\_ Department \_\_\_\_\_ Unit \_\_\_\_\_ Object \_\_\_\_\_  
Reporting Category \_\_\_\_\_

**B. Recommended Sources of Funds/Summary of Fiscal Impact:**


**No fiscal impact associated with this item.**

**C. Departmental Fiscal Review:**


### **III. REVIEW COMMENTS:**

**A. OFMB Fiscal and/or Contract Development & Control Comments:**

*[Signature]* 10-3-06  
OFMB

  
 Contract Dev. and Control  
 6 Jan 10/4/06

am 9-2806

B. Legal Sufficiency:  10/6/06  
Assistant County Attorney

**This amendment complies with our review requirements.**

**C. Other Department Review:**

**FIRST AMENDMENT TO INTERLOCAL AGREEMENT**

**THIS FIRST AMENDMENT** to Agreement R2003-1066, dated July 15, 2003, is made as of \_\_\_\_\_, by and between Palm Beach County, a political subdivision of the State of Florida, by and through its Board of County Commissioners, hereinafter referred to as the County, and ~~Wahkiakum~~ JFK Medical Center, L.P., a corporation licensed to do business in the State of Florida ("Hospital"), with a federal tax id number of 621694180.

In consideration of the mutual promises contained herein, the County and Hospital agree as follows:

1. The term of Agreement R2003-1066 shall be extended to July 15, 2009.
2. All other terms of Agreement R2003-1066 remain unmodified and in full force and effect.

**IN WITNESS WHEREOF**, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Amendment on behalf of the County and Hospital has hereunto set its hand the day and year above written.

**SHARON R. BOCK,  
CLERK & COMPTROLLER**

**PALM BEACH COUNTY, FLORIDA BY ITS  
BOARD OF COUNTY COMMISSIONERS**

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

By: \_\_\_\_\_  
Tony Masilotti, Chair

**APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY**

**APPROVED AS TO TERMS  
AND CONDITIONS**

By: \_\_\_\_\_  
Asst. County Attorney

By: Anthony Wolf  
Director Facilities Dev & Operations *ryd*

**ATTEST:**

**HOSPITAL:**

By: Nancy J. Dolan  
Witness Signature

By: Robbin Lee  
Signature

Nancy J. Dolan  
Name (Type or Print)

Robbin Lee, COO  
Name and Title (Type or Print)



Health Care Indemnity, Inc.  
P.O. Box 555  
Nashville, TN 37202-0555  
Phone: 615/344-5847  
Fax: 615/344-5889

CERTIFICATE OF INSURANCE

DATE: 1/1/2006  
COI#: 3470

This is to certify to:  
(Name of Certificate Holder)

Palm Beach County Communications Division  
3323 Belvedere Road, Building 506  
West Palm Beach FL 33406

that the described insurance coverages as provided by the indicated policy has been issued to:

Named Insured: HCA INC AND SUBSIDIARY ORGANIZATIONS  
Address: EXISTING NOW OR HEREAFTER CREATED OR ACQUIRED  
ONE PARK PLAZA  
NASHVILLE, TN 37202-0550

The Policy identified below by a policy number is in force on the date of Certificate issuance. Insurance is afforded only with respect to those coverages for which a specific limit of liability has been entered and is subject to all the terms of the Policy having reference thereto. This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded under any policy identified herein.

POLICY NO.	POLICY PERIOD
HCI-10106	Eff. 1-1-2006 Exp. 1-1-2007

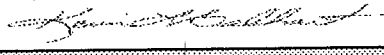
TYPE OF INSURANCE	LIMITS OF LIABILITY
Comprehensive General Liability - Occurrence Form • Bodily Injury • Property Damage • Products abd Completed Operations • Personal and Advertising Injury	\$1,000,000 Each and Every Occurrence  \$3,000,000 Aggregate
Health Care Professional Liability - Occurrence Form	\$1,000,000 Each and Every Occurrence  \$3,000,000 Aggregate

SPECIAL CONDITIONS/OTHER	COID
THE NAMED INSURED INCLUDES	37969
JFK MEDICAL CENTER	
REFERENCE: CONTRACT #03C-008B	
Palm Beach County Board of County Commissioners, a political subdivision of the State of Florida, its Officers, Employees and Agent, c/o Communications Division, 3323 Belvedere Road, Building 506 West Palm Beach, FL 33406, is named additional insured as respects the General Liability portion of this policy as the Named Insured's interest appears in the Agreement with Palm Beach County-Interoperability with EMS Providers through County's 800 MHz System. Revised 5/19/2003	

Cancellation: Should any of the above described policies be canceled before the expiration date thereof, the issuing company will endeavor to mail nine written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

Countersigned (Authorized Signature)

Authorized Signature

ACORD™ CERTIFICATE OF LIABILITY INSURANCE					DATE (MM/DD/YY) 12/30/05	
PRODUCER Aon Risk Services, Inc. of Tennessee 501 Corporate Centre Drive Suite 300 Franklin TN 37067 USA			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
PHONE-(866) 283-7124      FAX-(866) 430-1035			INSURERS AFFORDING COVERAGE			
INSURED HCA Inc. One Park Plaza P.O. Box 555 Nashville TN 37202-0555 USA			INSURER A: Zurich American Ins Co			
			INSURER B:			
			INSURER C:			
			INSURER D:			
			INSURER E:			
COVERAGES: This Certificate is not intended to specify all endorsements, coverages, terms, conditions and exclusions of the policies shown.						
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	
					FIRE DAMAGE(Any one fire)	
					MED EXP (Any one person)	
					PERSONAL & ADV INJURY	
					GENERAL AGGREGATE	
					PRODUCTS - COMP/OP AGG	
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS <input checked="" type="checkbox"/> FL Basic PIP	BAP293857501	01/01/06	01/01/07	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
					BODILY INJURY ( Per person)	
					BODILY INJURY (Per accident)	
					PROPERTY DAMAGE (Per accident)	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	
					OTHER THAN AUTO ONLY :      EA ACC AGG	
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE	
					AGGREGATE	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC293857401 WC-Large Deductible	01/01/06	01/01/07	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER	
					E.L. EACH ACCIDENT	\$5,000,000
					E.L. DISEASE-POLICY LIMIT	\$5,000,000
					E.L. DISEASE-EA EMPLOYEE	\$5,000,000
	OTHER					
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Re: JFK Medical Center COID 37969. Agreement with Palm Beach County-Interoperability with EMS Providers through County's 800 MHz System. Cancellation Provision shown is subject to shorter time periods depending on the jurisdiction of, and reason for, the cancellation. Comp/Coll Deductible: \$500.00.						
CERTIFICATE HOLDER			CANCELLATION			
Palm Beach County Communications Division 3323 Belvedere Road, Building 506 West Palm Beach FL 33406 USA			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			
			AUTHORIZED REPRESENTATIVE 			
ACORD 25-S (7/97)			ACORD CORPORATION 1988			

Holder Identifier :

570016159386

Certificate No :

