

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY

Meeting Date: February 6, 2007

☒ 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 with Good Samaritan Medical Center (R2004-0901), allowing for interoperable communications through the countywide and EMS common groups of the County's 800 MHz Radio System, to extend the term of the agreement until May 18, 2010.

**Summary:** The Agreement with Good Samaritan, which provides the terms and conditions under which Good Samaritan can program into its radios and utilize the countywide and EMS common talk groups for certain types of inter-agency communications will expire on May 18, 2007. The agreement provides for three (3) - three (3) year renewals but renewals require approval by both parties. Good Samaritan has approved a renewal to extend the term of the agreement until May 18, 2010. The renewal now requires Board approval. 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. Good Samaritan 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 Good Samaritan, which provides the terms and conditions under which Good Samaritan can program into its radios and utilize the countywide and EMS common talk groups for certain types of inter-agency communications, is set to expire on May 18, 2007. The agreement provides for three 3 - year renewals but renewals require approval by both parties. Good Samaritan has approved a renewal to extend the term of the agreement until May 18, 2010. The renewal now requires Board approval.

**Attachments:**  
First Amendment

Recommended by: Annmarie Wolf 1/13/07  
Department Director Date

Approved by: [Signature] 1/29/07  
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><u>-0-</u></u>	<u><u>-0-</u></u>	<u><u>-0-</u></u>	<u><u>-0-</u></u>
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>

**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.

### C. Departmental Fiscal Review:

### III. REVIEW COMMENTS:

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

*John D. ...* 1-24-07  
OFMB

Contract Dev. and Control  
Expires 11/26/07

**B. Legal Sufficiency:**

James C. Myers 1/29/07  
Assistant County Attorney

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

**C. Other Department Review:**

## FIRST AMENDMENT TO INTERLOCAL AGREEMENT

**THIS FIRST AMENDMENT** to Agreement R2004-0901, dated May 18, 2004, 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 Good Samaritan Medical Center, Inc., a corporation licensed to do business in the State of Florida ("Hospital"), with a federal tax id number of 75-2932824.

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

1. The term of Agreement R2004-0901, set to expire on May 18, 2007, shall be extended to May 18, 2010.
2. All other terms of Agreement R2004-0901 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: \_\_\_\_\_  
Addie L. Greene, Chairperson

**APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY**

**APPROVED AS TO TERMS  
AND CONDITIONS**

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

By: Ammy Wolf  
Director Facilities Dev & Operations nyd

**ATTEST:**

**HOSPITAL:**

By: Carole Wartell  
Witness Signature

By: Paul Echelard  
Signature, Chief Executive Officer

CAROLE WARTELL  
Witness Name (Type or Print)

Paul Echelard  
CEO Name (Type or Print)

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/06/06

**PRODUCER** 1-818-539-2300  
Arthur J. Gallagher & Co.  
Insurance Brokers of California, Inc., License #0726293  
505 North Brand Boulevard  
Suite 600  
Glendale, CA 91203-3944  
Leyla Garcia-Morales@ajg.com  
**INSURED**  
Tenet Healthcare Corp.  
13737 Noel Road, Suite 100  
Dallas, TX 75240

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: American Intl South Ins Co	40258
INSURER B: Illinois Natl Ins Co	23817
INSURER C: New Hampshire Ins Co	23841
INSURER D: American Home Assur Co	19380
INSURER E:	

## COVERAGES

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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
D	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	4016935	06/01/06	06/01/07	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$Included
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	7575526 (FL)	06/01/06	06/01/07	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
C	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	7575251 (AOS)	06/01/06	06/01/07	E.L. EACH ACCIDENT \$2,000,000
D	INCL EXCL	9731034-AL-LA-CA/7575621-CA	07/01/06	06/01/07	E.L. DISEASE - EA EMPLOYEE \$2,000,000
D	If yes, describe under SPECIAL PROVISIONS below	7575584-MO	06/01/06	06/01/07	E.L. DISEASE - POLICY LIMIT \$2,000,000
A	<b>OTHER WC &amp; Empl Liab</b>	7575527 (GA)	06/01/06	06/01/07	EL Limits - Each 2,000,000

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
 Re: Agreement to utilize county's radio / communication system The Certificate Holder is Included as Additional Insured, but Solely as respects to Liability Arising out of the Named Insured's Operations or Premises Owned by or Rented by Named Insured, Excluding Contract or Agreements for Professional Services, and Subject to the Terms and Conditions of the Referenced Policy and as Required by Written Contract. Workers Compensation is evidence of coverage with respect to the insured's operations and in accordance with the terms and conditions of the policy. Insured Facility: Good Samaritan Medical Ctr, 1309 N. Flagler Dr., West Palm Beach, FL 33401. Re: Agreement to utilize county's radio / communication system, The Palm Beach County Board of County Commissioners, a political subdivision

## CERTIFICATE HOLDER

Palm Beach County Councinations  
 Attn: Audrey Wolf, Director  
 Building 506  
 3323 Belevedere Road  
 West Palm Beach, FL 33406

USA

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER 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 INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Tom Kallal*

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## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE  
07/06/06

NAME OF INSURED: Tenet Healthcare Corp.

Additional Description of Operations/Remarks from Page 1:

of the State of Florida, its Officers, Employees and Agents, c/o Communications Division, 3323 Belvedere Rd., Bldg. 506, West Palm Beach, FL, 33406 shall be named Additional Insured where their interests appear.

Additional Information: