

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: June 5, 2007

Consent
 Ordinance

Regular
 Public Hearing

Department: Parks and Recreation

Submitted By: Parks and Recreation Department

Submitted For: Parks and Recreation Department

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Agreement with Adolph and Rose Levis Jewish Community Center, Inc. for the period June 5, 2007, through December 1, 2007, in an amount not-to-exceed \$20,000 for funding of Camp Kavod.

Summary: This funding is to help offset the cost of the Adolph and Rose Levis Jewish Community Center (Jewish Community Center) for its Camp Kavod summer camp program for special needs children. Camp Kavod serves approximately 40 children. The Agreement allows for the reimbursement of eligible project costs incurred by the Jewish Community Center subsequent to June 1, 2007. Funding is from the Recreation Assistance Program (RAP) District 5 Funds. District 5 (AH)

Background and Justification: The Jewish Community Center serves over 40,000 participants in the south Palm Beach area annually through program offerings such as early learning centers, youth and adult classes, sports programs, cultural arts offerings, an Alzheimer's and adult day care center, special needs programs, a thrift shop and summer camp programs. Camp Kavod is a non-denominational summer camp program for children with special needs that operates within the structure of the Jewish Community Center's regular summer camp program. The 40 special needs children are between five and 18 years of age, and all of their activities are coordinated by the Special Needs Director and supervised by a staff of certified exceptional education teachers, paraprofessionals and volunteers. Camp Kavod's activities include field trips, sporting events, horse back riding, yoga, instructional swimming, music, dance and arts and crafts.

The total cost of the Camp Kavod summer camp program is approximately \$124,232 for personnel costs, transportation, and other miscellaneous expenses related to the program. The \$20,000 from RAP - District 5 will help offset a portion of those costs. The Agreement has been executed on behalf of Adolph and Rose Levis Jewish Community Center, Inc., and now needs to be approved by the Board of County Commissioners.

Attachment: Agreement

Recommended by: _____

Department Director

5/14/07
Date

Approved by: _____

Assistant County Administrator

5/22/07
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>20,000</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> |
| NET FISCAL IMPACT | <u>20,000</u> | <u>-0-</u> | <u>-0-</u> | <u>-0-</u> | <u>-0-</u> |
| # ADDITIONAL FTE POSITIONS (Cumulative) | _____ | _____ | _____ | _____ | _____ |

Is Item Included in Current Budget? Yes X No _____
Budget Account No.: Fund 3600 Department 583 Unit R905
Object 8201 Program N/A

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

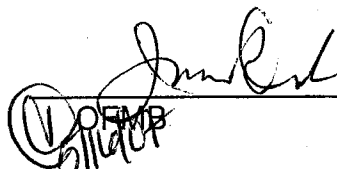
Recreation Assistance Program

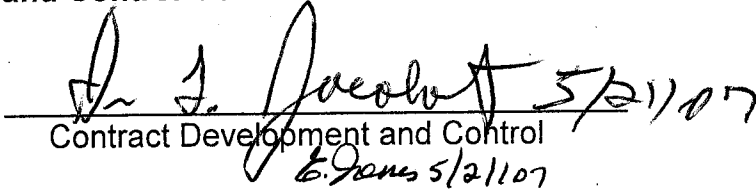
District 5 3600-583-R905-071-8201 \$20,000

C. Departmental Fiscal Review: chopelakis

III. REVIEW COMMENTS

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

 5/18/07
ms CN 5/15/07
5/16/07

 5/21/07
Contract Development and Control
E. Jones 5/21/07

B. Legal Sufficiency:

This Contract complies with our contract review requirements.

Anne Welgant 5/22/07
Assistant County Attorney

C. Other Department Review:

Department Director

**AGREEMENT BETWEEN PALM BEACH COUNTY AND ADOLPH AND ROSE LEVIS
JEWISH COMMUNITY CENTER, INC. FOR FUNDING OF CAMP KAVOD**

THIS AGREEMENT is made and entered into on _____, by and between Palm Beach County, a political subdivision of the State of Florida, hereinafter referred to as "County" and Adolph and Rose Levis Jewish Community Center, Inc., a Florida not-for-profit corporation, hereinafter referred to as "Community Center".

WITNESSETH:

WHEREAS, Community Center serves over 40,000 participants in the south Palm Beach area annually through program offering such as early learning centers, youth and adult classes, sports programs, cultural arts offerings, an Alzheimer's and adult day care center, special needs programs, a thrift shop, and the Community Center summer camp; and

WHEREAS, in collaboration with the Palm Beach County School District, Community Center offers the Camp Kavod summer camp program (Program), a non-denominational summer camp program for students with special needs, which operates within the structure of the regular Community Center summer camp program; and

WHEREAS, the Program services approximately forty (40) special needs children between five and eighteen years of age, with all activities coordinated by the Special Needs Director and supervised by a compassionate staff of certified exceptional education teachers, paraprofessionals and volunteers; and

WHEREAS, Camp Kavod activities include field trips, sporting events, horse back riding, yoga, instructional swimming, music, dance and arts and crafts; and

WHEREAS, the total budget for the Program is \$124,232 for personnel costs, transportation, and other miscellaneous expenses related to the Program; and

WHEREAS, Community Center has requested that County provide \$20,000 to help offset expenses for the Program; and

WHEREAS, funding for the Program in an amount not-to-exceed \$20,000 is available from the Recreation Assistance Program (RAP) District 5; and

WHEREAS, recreational and socialization programs for special needs children serve a public benefit; and

WHEREAS, both parties desire to enter into this Agreement.

NOW THEREFORE, in consideration of the covenants and promises contained

herein, the parties hereby agree to the following terms and conditions:

1. County agrees to fund an amount not-to-exceed \$20,000 to Community Center for Program expenses to include personnel costs, transportation, and other miscellaneous expenses related to the Program, as set forth in Exhibit "A", attached hereto and incorporated herein, hereinafter referred to as the "Project".

2. County will use its best efforts to provide said funds to Community Center on a reimbursement basis within forty-five (45) days of receipt of the following information:

a. A written statement that the Project, as specified herein, was carried out in accordance with this Agreement; and

b. A Contract Payment Request Form and a Contractual Services Purchases Schedule Form attached hereto and made a part hereof as Exhibit "B", which are required for each and every reimbursement requested by Community Center. Said information shall list each invoice paid by Community Center and shall include the vendor invoice number; invoice date; and the amount paid by Community Center along with the number and date of the respective check or proof of payment for said payment. Community Center shall attach a copy of each vendor invoice paid by Community Center along with a copy of the respective check or proof of payment and shall make reference thereof to the applicable item listed on the Contractual Services Purchases Schedule. Further, Community Center's Program Administrator and Project Financial Officer shall certify the total funds spent by Community Center on the Project and shall also certify that each vendor invoice, as listed on the Contractual Services Purchases Schedule was paid by Community Center and approved by Community Center as indicated.

3. Community Center incurred expenses for the Project beginning on June 1, 2007. Those costs incurred by Community Center for the Project, approved and submitted accordingly by Community Center subsequent to June 1, 2007, are eligible for reimbursement by County pursuant to the terms and conditions hereof.

4. RAP funds may be used as a match for other local, state, or federal grant programs, but Community Center may not submit reimbursement requests for the same expenses to the County as other fund sources to receive duplicate reimbursement for the same expenses.

5. Community Center warrants that it is an active not-for-profit corporation, duly chartered and registered with the Florida Department of State, Division of Corporations.

6. Community Center agrees, warrants, and represents that all of the employees

and participants in the Project will be treated equally during employment and for the provision of services without regard to residency, race, color, religion, disability, sex, age, national origin, ancestry, marital status, or sexual orientation.

7. Community Center shall be responsible for the operation and maintenance of the Project, including all associated costs.

8. The term of this Agreement shall be until December 1, 2007, commencing upon the date of execution by the parties hereto.

9. The parties agree that, in the event Community Center is in default of its obligations under this Agreement, the County shall provide Community Center thirty (30) days written notice to cure the default. In the event Community Center fails to cure the default within the thirty (30) day cure period, the County shall have no further obligation to honor reimbursement requests submitted by Community Center for the Project deemed to be in default and Community Center shall return any County RAP funds already collected by Community Center for that Project.

10. Notwithstanding any provision of this Agreement to the contrary, this Agreement may be terminated by the County, without cause, upon thirty (30) days prior written notice to the other party. This Agreement may be terminated by the County with cause, upon expiration of the thirty (30) day cure period provided for in Section 9 above.

11. Community Center shall complete the Project by August 31, 2007, and invoices and checks submitted for reimbursement must be dated within the project time frame of June 1, 2007, through August 31, 2007. Community Center shall provide its final reimbursement request(s), including a project completion statement and reimbursement documentation as indicated in Section 2 above on or before December 1, 2007. Upon written notification to County at least ninety (90) days prior to that date Community Center may request an extension beyond this period for the purpose of completing the Project. County shall not unreasonably deny Community Center's request for said extension.

12. In the event Community Center ceases to exist, or ceases or suspends the Project for any reason, any remaining unpaid portion of this Agreement shall be retained by County, and County shall have no further obligation to honor reimbursement requests submitted by Community Center. The determination that Community Center has ceased or suspended the Project shall be made by County and Community Center agrees to be bound by County's determination.

13. Community Center agrees to abide by, and be governed by, all applicable

federal, state, county, and municipal laws, including but not limited to, Palm Beach County's ordinances, as said laws and ordinances exist and are amended from time to time. In entering into this Agreement, Palm Beach County does not waive the requirements of any County or local ordinance or the requirements of obtaining any permits or licenses normally required to conduct business or activity conducted by Community Center. Failure to comply may result in County's refusal to honor reimbursement requests for the Project.

14. County reserves the right to withhold reimbursement if the Project is not completed as specified in Exhibit "A".

15. It is understood and agreed that Community Center is merely a recipient of County funding and is an independent contractor and is not an agent, servant or employee of County or its Board of County Commissioners. It is further acknowledged that the County only contributes funding under this Agreement and operates no control over the Project. In the event a claim or lawsuit is brought against County or any of its officers, agents or employees, Community Center shall indemnify, save and hold harmless and defend the County, its officers, agents, and/or employees from and against any and all claims, liabilities, losses, judgments, and/or causes of action of any type arising out of or relating to any act or omission of Community Center, its agents, servants and/or employees in the performance of this Agreement. The foregoing indemnification shall survive termination of this Agreement.

In consideration for reimbursement of costs incurred prior to the term of this Agreement, the foregoing indemnification shall apply not only during the term of this Agreement but also for the period prior to this Agreement for which Community Center is eligible to receive reimbursement from the County.

16. Community Center shall, at its sole expense, agree to maintain in full force and effect at all times during the life of this Agreement, insurance coverages and limits (including endorsements), as described herein. The requirements contained herein, as well as County's review and acceptance of insurance maintained by Community Center are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by Community Center under this Agreement.

Commercial General Liability. Community Center shall maintain Commercial General Liability at a limit of liability not less than \$500,000 Each Occurrence. Coverage shall not contain any endorsement excluding Contractual Liability or Cross Liability unless

granted in writing by County's Risk Management Department. Community Center shall provide this coverage on a primary basis.

Automobile. Community Center shall maintain, during the life of this Agreement, comprehensive automobile liability insurance in the minimum amount of \$500,000 combined single limit bodily injury and property damage for claims arising from damages for bodily injury including wrongful death, as well as from claims for property damage which may arise from the ownership, use, or maintenance of owned and non-owned automobiles, including rented automobiles, whether such operations be by Community Center or by anyone employed by or contracting with Community Center. Should Community Center use independent bus companies for transportation, it shall require such company or companies to provide automobile liability on such buses in the minimum amount of \$1,000,000 combined single limit bodily injury and property damage liability and shall include Community Center and Palm Beach County as Additional Insured.

Worker's Compensation Insurance & Employer's Liability. Community Center shall maintain Worker's Compensation & Employers Liability in accordance with Florida Statute Chapter 440. Community Center shall provide this coverage on a primary basis.

Additional Insured. Community Center shall endorse the County as an Additional Insured with a CG 2026 Additional Insured - Designated Person or Organization endorsement, or its equivalent, to the Commercial General Liability. The Additional Insured endorsement shall read "Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents." Community Center shall provide the Additional Insured endorsements coverage on a primary basis.

Waiver of Subrogation. Community Center hereby waives any and all rights of Subrogation against the County, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss agreement to waive subrogation without an endorsement, then Community Center shall agree to notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy when a condition to the policy specifically prohibits such an endorsement, or voids coverage should Community Center enter into such an agreement on a pre-loss basis.

Certificate(s) of Insurance. Prior to execution of this Agreement by the County,

Community Center shall deliver to the County a Certificate(s) of coverage evidencing that all types and amounts of insurance coverages required by this Agreement have been obtained and are in full force and effect. Such Certificate(s) of Insurance shall include a minimum thirty (30) day endeavor to notify due to cancellation or non-renewal of coverage. Certificate holder's address shall read Palm Beach County, c/o Parks and Recreation Department, 2700 Sixth Avenue South, Lake Worth, FL 33461, Attention: Administrative Support Manager.

Right to Review. County, by and through its Risk Management Department, in cooperation with the contracting/monitoring department, reserves the right to review, modify, reject or accept any required policies of insurance, including limits, coverages, or endorsements, herein from time to time throughout the term of this Agreement. County reserves the right, but not the obligation, to review and reject any insurer providing coverage because of its poor financial condition or failure to operate legally.

17. Upon request by County, Community Center shall demonstrate financial accountability through the submission of acceptable financial audits performed by an independent auditor.

18. Community Center shall maintain books, records, documents and other evidence that sufficiently and properly reflect all costs of any nature expended in the performance of this Agreement for a period of not less than five (5) years. Upon advance notice to Community Center, County shall have the right to inspect and audit said books, records, documents and other evidence during normal business hours.

19. The County and Community Center may pursue any and all actions available under law to enforce this Agreement including, but not limited to, actions arising from the breach of any provision set forth herein.

20. This Agreement shall be governed by the laws of the State of Florida and any and all legal action necessary to enforce this Agreement shall be held in Palm Beach County.

21. As provided in Section 287.132-133, Florida Statutes, by entering into this Agreement or performing any work in furtherance hereof, Community Center certifies that it, its affiliates, suppliers, subcontractors and consultants who will perform hereunder, have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the thirty six (36) months immediately preceding the date hereof. This notice is required by Section 287.133 (3) (a), Florida Statutes.

22. This Agreement represents the entire agreement between the parties and supersedes all other negotiations, representations, or agreement, written or oral, relating to this Agreement. This Agreement may be modified and amended only by written instrument executed by the parties hereto.

23. Any notice given pursuant to the terms of this Agreement shall be in writing and hand delivered or sent by U.S. mail. All notices shall be addressed to the following:

As to the County:

Director of Parks and Recreation
Palm Beach County Parks and Recreation Department
2700 Sixth Avenue South
Lake Worth, Florida 33461

As to Community Center:

Executive Director
Adolph and Rose Levis Jewish Community Center, Inc.
9801 Donna Klein Boulevard
Boca Raton, FL 33428

24. This Agreement is made solely and specifically among and for the benefit of the parties hereto, and no other person shall have any rights, interest, or claims hereunder or be entitled to any benefits under or on account of this Agreement as a third-party beneficiary or otherwise.

IN WITNESS WHEREOF, the undersigned parties have signed this Agreement on the date first above written.

ATTEST:
SHARON R. BOCK, Clerk & Comptroller

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

By: _____
Deputy Clerk

By: _____
Commissioner Addie L. Greene,
Chairperson

WITNESSES:
Susan W. Yager
Veronica Kinnett

ADOLPH AND ROSE LEVIS JEWISH COMMUNITY CENTER, INC.
FEI # : 65-1127438
By: ALLAN JUST
Name (Type or Print)
Title: EXECUTIVE DIRECTOR
By: [Signature]
Signature

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND CONDITIONS

By: _____
County Attorney

By: [Signature]
Dennis L. Eshleman, Director
Parks and Recreation Department

**Recreation Assistance Program (RAP)
Exhibit "A" to Agreement**

Name of Agency: Adolph and Rose Levis Jewish Community Center, Inc.
Mailing Address: 9801 Donna Klein Blvd.
Boca Raton, FL 33428

Federal Employer Identification Number:
65-1127438

Name of President: Maurice D. Plough, Jr.

Name of Executive Director: Allan just

Project Liaison Information:

Name: Janet Oppenheimer

Telephone #: (561) 852-3253

Fax #: (561) 852-6025

e-mail: Janeto@levisjcc.org

Purpose/Mission of Agency:

To preserve, transmit, and strengthen Jewish continuity by enriching personal, cultural, social and physical development.

PROJECT INFORMATION

1. Name of Project: **2007 Camp Kavod**
2. Project Description

- General (Project Scope):

The Levis JCC's Camp Kavod program, operated by the Special Needs Department, provides special needs children with well-rounded summer camp experiences that include physical, occupational and speech therapy. As with all programs of the Special Needs Department, the camp's goal is to help individuals develop improved self-image, build social skills, and develop the ability to overcome barriers presented by special needs while finding new and rewarding ways to challenge mind, body and spirit. To this end, the inaugural 2003 session of Camp Kavod provided 12 fourth to eighth grade campers with an active schedule of field trips, sporting events, horse back riding, yoga, instructional swimming, music, dance, and arts and crafts. Program activities, designed to provide campers with opportunities for physical, emotional and creative expression, are coordinated by the Special Needs Director and supervised by a compassionate staff of certified exceptional-education teachers, paraprofessionals and volunteers. The 2007 Camp now will serve over 40 participants.

- Public Purpose:

Children who are residents of Palm Beach County who have special needs requirements from all race, religions, and cultures are able to attend Camp Kavod. Scholarships are available upon meeting criteria set, so no child is turned away due to financial restriction.

- Location and Date:

June 6 - August 3, 2007

Levis JCC and Siemens Jewish Campus located on Glades Road and 95th avenues South, between Lyons Road and U.S. 441 in Boca Raton, Florida.

- Anticipated Number of Participants/Users: 40

3. Project Elements: List anticipated broad categories of Expenditure Items such as capital outlay, contractual services, personnel costs, operational expenses, equipment, and "Other Miscellaneous Project expenses". Do not include expenditure line item budget/ amounts.

Instructor Salaries / *Personnel Costs*
FTS Transportation

4. Estimated Lump Sum Total for Project: \$124,232.00
5. Project Initiation date (date of first invoice for which reimbursement will be requested) and anticipated End date (date which project will be completed and all invoices paid). June 2007 to August 31, 2007.

Note: Invoices and copies of proof of payment documents will be required for Project/Program reimbursement after the RAP Agreement is approved by the Board of County Commissioners. Do not submit reimbursement documentation at this time. After the Agreement is approved, and the reimbursement request is submitted, all invoices and checks must be dated within the stated project time frame AND Categories for Project Elements must be listed in Section 3 above in order to be eligible for RAP reimbursement.

6. Required Attachment:
Certificate of Insurance X

Amount of Recreation Assistance Program Funding awarded \$ 20,000
District 5
(filled in by County)

Form available online by request. Contact Susan Yinger at syinger@pbcgov.com



PALM BEACH COUNTY
PARKS AND RECREATION DEPARTMENT

EXHIBIT B

CONTRACT PAYMENT REQUEST

Date _____

Grantee _____ Project Name: _____

Submission #: _____ Reimbursement Period: _____

| Item | Key | Project Costs This Submission | Cumulative Project Costs |
|---------------------------------------|-----|----------------------------------|-----------------------------|
| Contractual Services | (C) | _____ | _____ |
| Salary & Wages (% of salaries) | (S) | _____ | _____ |
| Materials, Supplies, Direct Purchases | (M) | _____ | _____ |
| Equipment | (E) | _____ | _____ |
| Travel | (T) | _____ | _____ |
| Indirect Costs | (I) | _____ | _____ |
| TOTAL PROJECT COSTS | | ===== | ===== |

Key Legend

- C = Contractual Services
- S = Salary & Wages
- M = Materials, Supplies, Direct Purchases
- E = Equipment
- T = Travel
- I = Indirect Costs

Certification: I hereby certify that the above expenses were incurred for the work identified as being accomplished in the attached progress reports.

Certification: I hereby certify that the documentation has been maintained as required to support the project expenses reported above and is available for audit upon request.

Administrator _____ Date _____

Financial Officer _____ Date _____

PBC USE ONLY

County Funding Participation \$ _____

Total Project Costs To Date: \$ _____

County Obligation To Date \$ _____

County Retainage (_____ %) \$ _____

County Funds Previously Disbursed \$ _____

County Funds Due this Billing \$ _____

Reviewed and Approved By: _____
PBC Project Administrator Date

Department Director Date



Key Legend

- C** = Contractual Services
- S** = Salary & Wages
- M** = Materials, Supplies, Direct Purchases
- E** = Equipment
- T** = Travel
- I** = Indirect Costs

**PALM BEACH COUNTY
PARKS AND RECREATION DEPARTMENT
CONTRACTUAL SERVICES PURCHASE SCHEDULE**

EXHIBIT B

_____ Date

Project Name: _____

Grantee: _____

Contract Reimbursement Period: _____

Submittal #: _____

| # | Payee (Vendor/Contractor) | Key | Check or Voucher | | Invoice | | | Expense Description |
|----|---------------------------|-------|------------------|-------|----------|-------|--------|---------------------|
| | | | Number | Date | Number | Date | Amount | |
| 1 | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 6 | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| 9 | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 10 | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 11 | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 12 | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 13 | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 14 | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 15 | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 16 | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | | | | | TOTAL \$ | | | |

Certification: I hereby certify that the purchases noted above were used in accomplishing this project.

Certification: I hereby certify that bid tabulations, executed contract, cancelled checks, and other purchasing documentation have been maintained as required to support the costs reported above and are available for audit upon request.

Administrator

Date

Financial Officer

Date



| Key Legend | |
|------------|---|
| C | = Contractual Services |
| S | = Salary & Wages |
| M | = Materials, Supplies, Direct Purchases |
| E | = Equipment |
| T | = Travel |
| I | = Indirect Costs |

**PALM BEACH COUNTY
PARKS AND RECREATION DEPARTMENT
CONTRACTUAL SERVICES PURCHASE SCHEDULE**

EXHIBIT B
(cont'd.)

| # | Payee (Vendor/Contractor) | Key | Check or Voucher | | Invoice | | Amount | Expense Description |
|---|---------------------------|-----|------------------|------|----------|------|--------|---------------------|
| | | | Number | Date | Number | Date | | |
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| | | | | | TOTAL \$ | | | |

Certification: I hereby certify that the purchases noted above were used in accomplishing this project.

Certification: I hereby certify that bid tabulations, executed contract, cancelled checks, and other purchasing documentation have been maintained as required to support the costs reported above and are available for audit upon request.

_____ Administrator Date

_____ Financial Officer Date

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SP
ADOLP-1

DATE (MM/DD/YYYY)
04/17/07

| | | |
|--|---|---------------|
| PRODUCER Programs Sterling & Sterling, Inc. P.O. Box 9017 Woodbury NY 11797-2002 Phone: 516-487-0300 Fax: 516-487-0372 | 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 # |
| INSURED Adolph & Rose Levis JCC 9801 Donna Klein Blvd Boca Raton FL 33428 | INSURER A: American Alternative Insurance | |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | 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 | |
|----------------|-------|--|--------------------------------------|----------------------------------|-----------------------------------|-------------------------------------|--------------|
| A | | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Athletic Particip GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | 76A2GL1003063-00 | 02/06/05 | 02/06/06 | EACH OCCURRENCE | \$ 1,000,000 |
| | | DAMAGE TO RENTED PREMISES (Ea occurrence) | | | | \$ | |
| | | | | | | MED EXP (Any one person) | \$ Excluded |
| | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | | PRODUCTS - COMP/OP AGG | \$ 1,000,000 |
| A A | | AUTOMOBILE LIABILITY <input 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 | 76A2GL0000001-02 76A2GL0000001-02 | 02/06/07 02/06/07 | 02/06/08 02/06/08 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1000000 |
| | | 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/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | | | | EACH OCCURRENCE | \$ |
| | | | | | | AGGREGATE | \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | WC STATUTORY LIMITS | OTH-ER |
| | | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| | | OTHER | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Re: Recreation Assistance Program - Camp Kavod. Certificate Holder as funding source is named additional insured as respects Participants General Liability and Hired/Non-Owned Auto Liability subject to the terms, conditions and exclusions of the policy

| | |
|---|---|
| CERTIFICATE HOLDER Palm Beach County Board of County Commissioners 2700 NW 6th Avenue South Lake Worth FL 33461 | 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 David Fried |
|---|---|

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID WB
JEWFE02

DATE (MM/DD/YYYY)
04/17/07

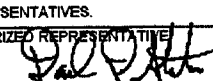
| PRODUCER Gateway Insurance Agency Fort Lauderdale Branch 2430 W. Oakland Park Blvd. Fort Lauderdale FL 33311 Phone: 954-735-5500 Fax: 954-735-2852 | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | | | | | | | | | | | | |
|--|---|-----------------------------|--------|--|--|---|--|--|--|------------|--|------------|--|
| INSURED Jewish Federation of S. Palm Federation Transportation Services, Inc Beach County, Inc. 9901 Donna Klein Boulevard Boca Raton FL 33428 | <table border="1"> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Zenith Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B: Philadelphia Ins. Companies</td> <td></td> </tr> <tr> <td>INSURER C: Zurich Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table> | INSURERS AFFORDING COVERAGE | NAIC # | INSURER A: Zenith Insurance Company | | INSURER B: Philadelphia Ins. Companies | | INSURER C: Zurich Insurance Co. | | INSURER D: | | INSURER E: | |
| INSURERS AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | |
| INSURER A: Zenith Insurance Company | | | | | | | | | | | | | |
| INSURER B: Philadelphia Ins. Companies | | | | | | | | | | | | | |
| INSURER C: Zurich Insurance Co. | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | |
| 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 LTR | ADDL INSRD | 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 <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ |
| B | X | AUTOMOBILE LIABILITY <input checked="" 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 | PHPK196646 | 11/01/06 | 11/01/07 | COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 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/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ |
| A | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | Z067184003 | 04/01/07 | 04/01/08 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000 |
| C | | OTHER Lease/Rent Equip | CPO2881158 | 05/28/06 | 05/28/07 | Lsd/Rent 100,000 Ded 10,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Re: Recreation Assistance Program. Certificate holder is additional insured with respects to general liability only. *10 days notice for non-payment of premium.

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|---|---|
| CERTIFICATE HOLDER PALBE22 PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS 2700 6TH AVENUE SOUTH LAKEWORTH FL 33461 | 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  |
|---|---|

ACORD™ CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY)
3/19/2007

| PRODUCER SEITLIN 6700 N. Andrews Ave., Ste 300 Ft. Lauderdale FL 33309 (954) 938-8788 (954) 938-8566 | 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. | | | | | | | | | | | | |
|--|--|-----------------------------|--------|--|-------|--|-------|------------|--|------------|--|------------|--|
| INSURED Adolph & Rose Levis Jewish Community Center, Inc. 9801 Donna Klein Blvd Boca Raton FL 33428 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Evanston Insurance Company</td> <td>35378</td> </tr> <tr> <td>INSURER B: Zenith Insurance Company</td> <td>13269</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table> | INSURERS AFFORDING COVERAGE | NAIC # | INSURER A: Evanston Insurance Company | 35378 | INSURER B: Zenith Insurance Company | 13269 | INSURER C: | | INSURER D: | | INSURER E: | |
| INSURERS AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | |
| INSURER A: Evanston Insurance Company | 35378 | | | | | | | | | | | | |
| INSURER B: Zenith Insurance Company | 13269 | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | |
| 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 |
|----------------------|---|---------------|----------------------------------|-----------------------------------|---|
| A | GENERAL LIABILITY | SM846694 | 12/15/2006 | 12/15/2007 | EACH OCCURRENCE \$ 3,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ |
| | <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR | | | | MED EXP (Any one person) \$ |
| | <input checked="" type="checkbox"/> RETRO DATE: 12/15/01 | | | | PERSONAL & ADV INJURY \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | GENERAL AGGREGATE \$ 3,000,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | PRODUCTS - COMP/OP AGG \$ |
| | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT \$ |
| | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN EA ACC AGG \$ |
| | EXCESS/UMBRELLA LIABILITY | | | | EACH OCCURRENCE \$ |
| | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE \$ |
| | DEDUCTIBLE \$ | | | | \$ |
| | RETENTION \$ | | | | \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | Z066841103 | 12/31/2006 | 12/31/2007 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| A | OTHER PROFESSIONAL LIABILITY | SM846694 | 12/15/2006 | 12/15/2007 | COMBINED LIMITS WITH GENERAL LIABILITY RETRO DATE: 12/15/01 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 RE: RECREATION ASSISTANCE PROGRAM - DISTRICT 5 - CAMP KAVOD. CERTIFICATE HOLDER AS FUNDING SOURCE IS ADDITIONAL INSURED AS RESPECTS GENERAL LIABILITY SUBJECT TO THE TERMS, CONDITIONS AND EXCLUSIONS OF THE POLICY.

| | |
|--|--|
| CERTIFICATE HOLDER Palm Beach County Board of County Commissioners 2700 6th Avenue South Lake Worth FL 33461 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 |
|--|--|

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.