

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 Centro Cultural Latinoamericano, Inc. for the period June 5, 2007, through April 30, 2008, in an amount not-to-exceed \$10,000 for funding of expanded programs and rental costs.

**Summary:** This funding is to assist with operational costs for Centro Cultural Latinoamericano, Inc. (Centro Latinoamericano) for expanded cultural and recreational programming and facility rental costs. Centro Latinoamericano serves over 100 people through its regular programs, and over 10,000 people through its newspaper and radio programs. The Agreement allows for the reimbursement of eligible project costs incurred subsequent to May 1, 2007. Funding is from the Recreation Assistance Program (RAP) District 2 Funds. District 3 (AH)


**Background and Justification:** Centro Latinoamericano's mission is to help the Hispanic community to have a sense of belonging in both their families and the community. It offers youth an opportunity to explore their abilities and new interests through educational and cultural programs. Funding will assist with rental costs for a community center and costs of expanding programs such as the Senior Program, which offers field trips, social events, meetings, and a radio show; the Youth Program, which includes sexual education workshops, etiquette workshops, dance classes, and special presentations; and the Unidad Latina Newspaper, which offers monthly publications to approximately 10,000 people.

The annual budget for Centro Latinoamericano is approximately \$141,990 for rental, personnel, and other miscellaneous expenses. The \$10,000 from RAP – District 2 will help offset a portion of the cost of these operational expenses. The Agreement has been executed on behalf of Centro Cultural Latinoamericano, 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

5-23-07  
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>10,000</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>        |
| <b>NET FISCAL IMPACT</b>                       | <u><b>10,000</b></u> | <u><b>-0-</b></u> | <u><b>-0-</b></u> | <u><b>-0-</b></u> | <u><b>-0-</b></u> |
| <b># ADDITIONAL FTE POSITIONS (Cumulative)</b> | _____                | _____             | _____             | _____             | _____             |

Is Item Included in Current Budget? Yes X No \_\_\_\_\_  
 Budget Account No.: Fund 3600 Department 583 Unit R902  
 Object 8201 Program N/A

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

Recreation Assistance Program

District 2                      3600-583-R902-083-8201                      \$10,000

C. Departmental Fiscal Review: Chopelakis

**III. REVIEW COMMENTS**

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

[Signature] 5-18-07  
 OFMB                      5/16/07 CN 5/15/07

[Signature] 5/22/07  
 Contract Development and Control  
G. Jones 5/22/07

**B. Legal Sufficiency:**

This Contract complies with our contract review requirements.

Anne Delgado 5/22/07  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

REVISED 10/95  
 ADM FORM 01

**AGREEMENT BETWEEN PALM BEACH COUNTY AND CENTRO CULTURAL LATINOAMERICANO, INC. FOR EXPANDED PROGRAMS AND RENTAL COSTS**

**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 Centro Cultural Latinoamericano, Inc., a Florida not-for-profit corporation authorized to do business in the State of Florida, hereinafter referred to as "Centro Latinoamericano".

**WITNESSETH:**

**WHEREAS**, Centro Latinoamericano provides community and cultural services to seniors, youth, children, and the community at large; and

**WHEREAS**, Centro Latinoamericano offers cultural and recreational programs including the Senior Program "Walking Together" that consists of field trips, social events, three times a week meetings, and a weekly radio show; the Youth in Action Program that consists of sexual education workshops, manners workshops, twice-weekly dance classes, and special presentations; and the Unidad Latina Newspaper that consists of nine (9) publications which each reach 10,000 people; and

**WHEREAS**, over one hundred (100) people participate in Centro Latinoamericano's programs and over 10,000 people are reached through Centro Latinoamericano's newspaper and radio programs; and

**WHEREAS**, the annual budget for Centro Latinoamericano is \$141,990 annually for rent, personnel costs, and other miscellaneous expenses; and

**WHEREAS**, Centro Latinoamericano has requested \$10,000 from County to help offset costs for rent and program expenses; and

**WHEREAS**, funding for Centro Latinoamericano's rent and program expenses in an amount not-to-exceed \$10,000 is available from the Recreation Assistance Program (RAP) District 2; and

**WHEREAS**, recreational and community programs that benefit the Latinoamericano community serve a public purpose; 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 \$10,000 to Centro Latinoamericano for rent, personnel costs, and other miscellaneous costs for Centro Latinoamericano's rent, personnel costs, and other miscellaneous expenses, 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 Centro Latinoamericano 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 Centro Latinoamericano. Said information shall list each invoice paid by Centro Latinoamericano and shall include the vendor invoice number; invoice date; and the amount paid by Centro Latinoamericano along with the number and date of the respective check and/or proof of payment for said payment. Centro Latinoamericano shall attach a copy of each vendor invoice paid by Centro Latinoamericano along with a copy of the respective check and/or proof of payment, and shall make reference thereof to the applicable item listed on the Contractual Services Purchases Schedule. Further, Centro Latinoamericano's Program Administrator and Project Financial Officer shall certify the total funds spent by Centro Latinoamericano on the Project and shall also certify that each vendor invoice, as listed on the Contractual Services Purchases Schedule was paid by Centro Latinoamericano and approved by Centro Latinoamericano as indicated.

3. Centro Latinoamericano incurred expenses for the Project beginning on May 1, 2007. Those costs incurred by Centro Latinoamericano for the Project, approved and submitted accordingly by Centro Latinoamericano subsequent to May 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 Centro Latinoamericano 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. Centro Latinoamericano warrants that it is an active not-for-profit corporation, duly chartered and registered with the Florida Department of State, Division of Corporations.

6. Centro Latinoamericano 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. Centro Latinoamericano shall be responsible for the operation and maintenance of the Project, including all associated costs.

8. The term of this Agreement shall be until April 30, 2008, commencing upon the date of execution by the parties hereto.

9. The parties agree that, in the event Centro Latinoamericano is in default of its obligations under this Agreement, the County shall provide Centro Latinoamericano thirty (30) days written notice to cure the default. In the event Centro Latinoamericano 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 Centro Latinoamericano for the Project deemed to be in default and Centro Latinoamericano shall return any County RAP funds already collected by Centro Latinoamericano 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. Centro Latinoamericano shall complete the Project by January 31, 2008, and checks submitted for reimbursement must be dated within the project time frame of May 1, 2007, through January 31, 2008. Centro Latinoamericano shall provide its final reimbursement request(s), including a project completion statement and reimbursement documentation as indicated in Section 2 above on or before April 30, 2008. Upon written notification to County at least ninety (90) days prior to that date Community Child Care Center may request an extension beyond this period for the purpose of completing the Project. County shall not unreasonably deny Community Child Care Center's request for said extension.

12. In the event Centro Latinoamericano 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 Centro Latinoamericano. The determination that Centro Latinoamericano has ceased or suspended the Project shall be made by County and Centro Latinoamericano agrees to be bound by County's determination.

13. Centro Latinoamericano 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 Centro Latinoamericano. 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 Centro Latinoamericano 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, Centro Latinoamericano 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 Centro Latinoamericano, 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 Centro Latinoamericano is eligible to receive reimbursement from the County.

16. Centro Latinoamericano 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 of acceptance of insurance maintained by Centro Latinoamericano are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by Centro Latinoamericano under this Agreement.

**Commercial General Liability.** Centro Latinoamericano 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. Centro Latinoamericano shall provide this coverage on a primary basis.

**Automobile.** Centro Latinoamericano 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 Centro Latinoamericano or by anyone employed by or contracting with Centro Latinoamericano. Should Centro Latinoamericano 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 Centro Latinoamericano and Palm Beach County as Additional Insured.

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

**Additional Insured.** Centro Latinoamericano 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." Centro Latinoamericano shall provide the Additional Insured endorsements coverage on a primary basis.

**Waiver of Subrogation.** Centro Latinoamericano 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 Centro Latinoamericano 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 Centro Latinoamericano enter into such an agreement on a pre-loss basis.

**Certificate(s) of Insurance.** Prior to execution of this Agreement by the County, Centro Latinoamericano 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, Centro Latinoamericano shall demonstrate financial accountability through the submission of acceptable financial audits performed by an independent auditor.

18. Centro Latinoamericano 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 Centro Latinoamericano, County shall have the right to inspect and audit said books, records, documents and other evidence during normal business hours.

19. The County and Centro Latinoamericano 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, Centro Latinoamericano 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, either 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 Centro Latinoamericano:

Executive Director  
Centro Latinoamericano Cultural, Inc.  
P.O. Box 6474  
Lake Worth FL 33466



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**

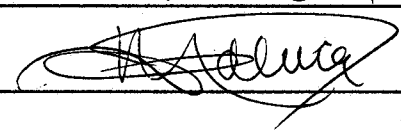
**PALM BEACH COUNTY, FLORIDA, BY ITS BOARD OF COUNTY COMMISSIONERS**


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

By: \_\_\_\_\_  
Commissioner Addie L. Greene, Chairperson

**WITNESSES:**

**CENTRO CULTURAL LATINOAMERICANO, INC.**  
**FEI Number: 65-0579660**

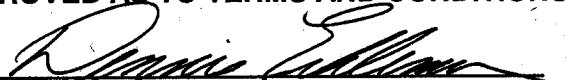
MORANA MOLINA  


By: MARIBEL M. PARDO  
Name (Type or Print)  
Executive Director  
Title  
  
Signature

**APPROVED AS TO FORM AND LEGAL SUFFICIENCY**

**APPROVED AS TO TERMS AND CONDITIONS**

By: \_\_\_\_\_  
County Attorney

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

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

**Name of Agency:** Centro Cultural Latinoamericano, Inc.

**Mailing Address:** P.O. Box 6474  
Lake Worth, FL 33466

**Federal Employer Identification Number:** 65-0487635

**Name of President:**

**Name of Executive Director:** Martha Pardo

**Project Liaison Information:** Name: Martha Pardo  
Telephone #: (561) 969-7988  
Fax #: (561) 432-2135  
E-mail: [director@cclpb.com](mailto:director@cclpb.com)

**PROJECT INFORMATION**

1. **Name of Project:** Expanded Programs and Rental Costs

2. **Project Description**

• **General (Project Scope):**

This \$10,000 Grant will help the Centro Cultural Latinoamericano (CCL) to continue providing community and cultural services to seniors, youth, children, and the community at large. CCL will use the funding for rent and expenses of three programs.

January through December 2007

The CCL programs have been running since January 2007. The services below include the schedule of activities for the remaining of the year (April to December).

**Senior Program\_ *Walking Together*** is in its 6<sup>th</sup> year and includes socialization, educational workshop, entertainment, computer classes, field trips and a radio show.  
**Scope of Services:**

- Seven (7) field trips
- Three (3) social events
- Regular meetings three times a week
- Radio Show with special guests every Saturday from 8:00 – 10:00 AM

**Youth Program\_ *Youth in Action*** is in its 13<sup>th</sup> year and includes educational workshops, dancing classes, and field trips. **Scope of Services:**

- 4 Sexual education workshops in coordination with planned parenthood
- 5 Workshops on good manners
- Dance classes twice a week, except for holidays
- Four (4) special presentations

**Unidad Latina Newspaper** was established in 2000. Currently, CCL offers monthly publications. **Scope of Service:**

- Nine (9) publications, 10,000 units per publication.

• **Public Purpose:**

The above-mentioned programs help the Hispanic community to have a sense of belonging in both their families and the community; it offers youth an opportunity to explore their abilities and new interests instead of doing nothing at home or getting in

trouble on the streets; it helps seniors to fight depression and loneliness; and keeps the community informed about topics of interest.

• **Location:**

Main Office: 3554 B Lake Worth Road, Lake Worth, FL 33461

• **Anticipated Number of Participants/Users: Over 10,128**

- 48 Seniors (that directly participate in the program)
- 30 Children between 6 and 10 years of age
- 50 Children above 11 years of age
- Unknown number of listeners of the radio show Walking Together
- A minimum of 10,000 persons from the general population that reads Unidad Latina per month.

**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.

The budgeted expenses from January through December 2007 for the programs Walking Together, Youth in Action and Unidad Latina are:

|  |                  |
|--|------------------|
| Rent   | 22,400           |
| Personnel  | 83,280           |
| Miscellaneous expenses<br>(Materials,<br>snacks, printing, paper,<br>marketing, wardrobe, etc. | 36,310           |
| <b>TOTAL</b>   | <b>\$141,990</b> |

Note: The above budget does not reflect the total CCL budget for the year 2007.

4. Estimated Lump Sum Total for Project: \$141,990
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). May 2007 to January 2008.

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 Attachments:  
Certificate of Insurance   √

Amount of Recreation Assistance Program Funding awarded \$ 10,000

  District 2    
(Filled in by County)

Form available online by request. Contact Susan Yinger at [syinger@pbcgov.com](mailto:syinger@pbcgov.com)

Exhibit A  
Page 2 of 2



PALM BEACH COUNTY  
PARKS AND RECREATION DEPARTMENT

EXHIBIT B

CONTRACT PAYMENT REQUEST

\_\_\_\_\_ Date

Grantee \_\_\_\_\_ Project Name: \_\_\_\_\_

Submission #: \_\_\_\_\_ Reimbursement Period: \_\_\_\_\_

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

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

| <b><u>PBC USE ONLY</u></b>        |          |
|-----------------------------------|----------|
| 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**

Grantee: \_\_\_\_\_  
 Submittal #: \_\_\_\_\_

\_\_\_\_\_ Date  
 Project Name: \_\_\_\_\_  
 Contract Reimbursement Period: \_\_\_\_\_

| #  | Payee (Vendor/Contractor) | Key | Check or Voucher |      | Invoice  |      |        | Expense Description |
|----|---------------------------|-----|------------------|------|----------|------|--------|---------------------|
|    |                           |     | Number           | Date | Number   | Date | Amount |                     |
| 1  |                           |     |                  |      |          |      |        |                     |
| 2  |                           |     |                  |      |          |      |        |                     |
| 3  |                           |     |                  |      |          |      |        |                     |
| 4  |                           |     |                  |      |          |      |        |                     |
| 5  |                           |     |                  |      |          |      |        |                     |
| 6  |                           |     |                  |      |          |      |        |                     |
| 7  |                           |     |                  |      |          |      |        |                     |
| 8  |                           |     |                  |      |          |      |        |                     |
| 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



DATE (MM/DD/YYYY)

4/2/2007

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

**PRODUCER**

International Insurance Svcs.  
3236 Reo Lane  
Lake Worth, FL 33461  
561-434-2810

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: **Nautilus Insurance Co.**

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**INSURED**

**CENTRO CULTURAL LATINOAMERICANO**  
3554 B LAKE WORTH  
LAKE WORTH FL. 33461

**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 | ADP L INSRD | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                                    |              |
|----------|-------------|--|---------------|----------------------------------|-----------------------------------|---|--------------|
|          |             |  |               |                                  |                                   |   |              |
| A        | X           | GENERAL LIABILITY  | CJMRO-I       | 03/13/07                         | 03/13/08                          | EACH OCCURRENCE                           | \$ 1,000,000 |
|          |             | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |               |                                  |                                   | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 50,000    |
|          |             | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR                           |               |                                  |                                   | MED EXP (Any one person)                  | \$ 5,000     |
|          |             | GEN'L AGGREGATE LIMIT APPLIES PER:   |               |                                  |                                   | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|          |             | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |               |                                  |                                   | GENERAL AGGREGATE                         | \$ 2,000,000 |
|          |             | AUTOMOBILE LIABILITY   |               |                                  |                                   | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|          |             | ANY AUTO   |               |                                  |                                   | COMBINED SINGLE LIMIT (Ea accident)       | \$           |
|          |             | ALL OWNED AUTOS  |               |                                  |                                   | BODILY INJURY (Per person)                | \$           |
|          |             | SCHEDULED AUTOS  |               |                                  |                                   | BODILY INJURY (Per accident)              | \$           |
|          |             | HIREN AUTOS  |               |                                  |                                   | PROPERTY DAMAGE (Per accident)            | \$           |
|          |             | NON-OWNED AUTOS  |               |                                  |                                   | AUTO ONLY - EA ACCIDENT                   | \$           |
|          |             | GARAGE LIABILITY   |               |                                  |                                   | OTHER THAN EA ACC                         | \$           |
|          |             | ANY AUTO   |               |                                  |                                   | AUTO ONLY: AGG                            | \$           |
|          |             | EXCESS/UMBRELLA LIABILITY  |               |                                  |                                   | EACH OCCURRENCE                           | \$           |
|          |             | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE                                      |               |                                  |                                   | AGGREGATE                                 | \$           |
|          |             | DEDUCTIBLE   |               |                                  |                                   |   | \$           |
|          |             | RETENTION \$   |               |                                  |                                   |   | \$           |
|          |             | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |               |                                  |                                   | WC STATU-TORY LIMITS                      |              |
|          |             | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  |               |                                  |                                   | OTH-ER                                    |              |
|          |             | If yes, describe under SPECIAL PROVISIONS below  |               |                                  |                                   | E.L. EACH ACCIDENT                        | \$           |
|          |             | OTHER  |               |                                  |                                   | E.L. DISEASE - EA EMPLOYEE                | \$           |
|          |             |  |               |                                  |                                   | E.L. DISEASE - POLICY LIMIT               | \$           |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

the certificate holder is listed as additional insured.

**CERTIFICATE HOLDER**

Palm Bch County Commissioners  
c/o Parks & Rec Dept.  
2700 6th Ave South  
Lake Worth, FL 33461  
FAX 963-6747

**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.

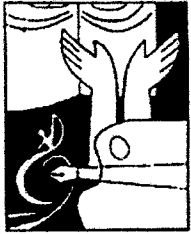
AUTHORIZED REPRESENTATIVE

*[Signature]*

**INTERNATIONAL INSURANCE SERVICES**

1481 S. Military trail #4

ORLANDO, FL 32809



# Centro Cultural Latinoamericano, Inc.

“La Cultura es la mayor riqueza de un pueblo”

**Office**

3554 B Lake Worth Road  
Lake Worth, FL 33461  
Ph: 561-969-7988  
Fax: 561-432-2135

**Executive Director**

**Martha Pardo**  
[director@cclpb.com](mailto:director@cclpb.com)

March 31, 2007

Dennis L. Eshleman, Director  
Parks and Recreation Department  
2700 6th Ave. South  
Lake Worth, Florida 33461

Re: Recreation Assistance Program (RAP)

Dear Mr. Eshleman:

Enclosed please find the requested Exhibit A Form and the justification letter for not carrying Workers Compensation insurance coverage.

I thank Palm Beach County for the continued support to our Hispanic community through the Recreation Assistance Program. Please let me know if you need further information or modifications. I can be reached at (561) 255-8764.

Sincerely,

Martha Pardo  
Director