

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2006	2007	2008	2009	2010
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenue	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>-0-</u>	<u>-0-</u>	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes X No _____
 Budget Account No.: Fund 0001 Dept. 148 Unit 1351 Obj. 3401
 Program Code HA11 Program Period: GY06

B. Recommended Sources of Funds/Summary of Fiscal Impact:
 No Fiscal Impact

Departmental Fiscal Review: Real

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

<u>Jan Dink 6-6-07</u> 8/6/4/07 OFMB	<u>[Signature]</u> Contract Administration
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B. Legal Sufficiency:

Maureen Cullen for T. Fields
 Assistant County Attorney

This amendment complies with our review requirements.

C. Other Department Review:

 Department Director

This summary is not to be used as a basis for payment.

**AMENDMENT TO
CONTRACT FOR HOMELESS HOUSING ASSISTANCE GRANT**

THIS AMENDMENT TO THE CONTRACT FOR HOMELESS HOUSING ASSISTANCE GRANT (R2006-2715, dated December 19, 2006) made and entered into at West Palm Beach Florida, on this _____ day of _____, 2007 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and Adopt-A-Family of the Palm Beaches, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is Adopt-A-Family of the Palm Beaches, Inc., 1712 2nd Avenue North Lake Worth, Florida 33460.

WITNESSETH:

WHEREAS, the need exists to amend the contract to modify ARTICLE 2 "Schedule" and Exhibit "C" to extend the completion date of the contract.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on December 19, 2006 is hereby amended as follows:

- I. Article 2 is hereby amended to read The AGENCY shall commence services on December 01, 2006 and complete expenditures on December 31, 2007.
- I. Exhibit "C" is hereby replaced by C-1 attached hereto and made a part thereof with revised completion dates

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this First Amendment to the Contract shall be and are hereby changed to conform to this amendment.

All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Contract on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:

Sharon R. Bock, Clerk & Comptroller

PALM BEACH COUNTY, FLORIDA, a Political Subdivision of the State of Florida

BOARD OF COUNTY COMMISSIONERS

BY: _____
Clerk & Comptroller

BY: _____
Addie L. Greene, Chairperson

WITNESS:

AGENCY:

Carol Shaffer
Signature

Adopt-A- Family of the Palm Beaches, Inc.
AGENCY's Name Typed

Carol Shaffer
Name Typed

BY: Wendy Tippett
Signature

59-2471253
AGENCY's Federal ID Number

Wendy Tippett
AGENCY's Signatory Name Typed

Executive Director
AGENCY's Signatory Title Typed

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND CONDITIONS
Department of Community Services

Assistant County Attorney

By: Edward L. Rich
Edward L. Rich, Director

**Exhibit "C"-1
OUTCOME AND CONSTRUCTION PROGRESS REPORT**

Task Name	Start Date	Projected Completion Date	Actual Completion Date
Property: 1736 2nd Ave. No.			
Permitting	7/2/2007	8/1/2007	
Clearing & Grubbing	8/2/2007	8/9/2007	
Forming Slab	8/13/2007	8/27/2007	
Rough in plumbing and drain lines	8/29/2007	9/3/2007	
Plumbing and drain inspection	9/5/2007	9/10/2007	
Treat slab for termites	9/11/2007	9/13/2007	
Final Slab Inspection	9/17/2007	9/19/2007	
Pour Slab and finishing	9/20/2007	9/21/2007	
Grade around slab	9/24/2007	9/26/2007	
Block laying	10/1/2007	10/15/2007	
Beam prep and install	10/16/2007	10/24/2007	
Block and beam inspection	10/25/2007	10/29/2007	
Install roofing material	10/29/2007	11/14/2007	
Roof inspection	11/14/2007	11/14/2007	
Install interior plumbing	11/14/2007	12/10/2007	
Install interior electric	11/14/2007	12/5/2007	
Install doors & windows	11/14/2007	11/28/2007	
Install A/c units and duct work	11/14/2007	12/5/2007	
A/C rough inspection	12/6/2007	12/7/2007	
Framing inspection	12/7/2007	12/12/2007	
Stucco exterior install	12/17/2007	1/7/2008	
Interior finish	12/13/2007	1/16/2008	
Carpet and tile installation	1/17/2008	1/22/2008	
Frame in sidewalks and parking lot	1/7/2008	1/11/2008	
Pour and finish sidewalks and parking lot	1/14/2008	1/18/2008	
Driveway and parking lot inspection	1/22/2008	1/22/2008	
Irrigation installation	1/14/2008	1/18/2008	
Irrigation inspection	1/22/2008	1/22/2008	
landscape installation	1/23/2008	1/28/2008	
Interior paint and finish	1/8/2008	1/28/2008	
Install interior doors, cabinets, lighting	1/2/2008	1/28/2008	
Final building inspection	2/1/2008	2/1/2008	
Issuance of Certification of completion	2/11/2008	2/11/2008	

ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER (561)776-0660 FAX (561)776-0670
Insurance Office of America, Inc.
Abacoa Town Center
1200 University Blvd., Ste 200
Jupiter, FL 33458

DATE (MM/DD/YYYY)
12/14/2006

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 Adopt-A-Family of the Palm Beaches, Inc.
1712 Second Avenue North
Lake Worth, FL 33460

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Illinois National Insurance Co	
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.

INSURANCE CLASSIFICATION	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	06LX03222062000	12/07/2006	12/07/2007	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 200,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/DP AGG \$ 3,000,000
A	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	06CA32320432000	12/07/2006	12/07/2007	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	06UD00348362000	12/07/2006	12/07/2007	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 NO STATUTORY LIMITS OFFER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYED \$ E.L. DISEASE - POLICY LIMIT \$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER Professional Liability	06LX03222062000	12/07/2006	12/07/2007	\$1,000,000 Each Occurrence \$3,000,000 General Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Certificate Holder is an Additional Insured per Form 86571 as respects to General Liability only.

REVISE

CERTIFICATE HOLDER

Palm Beach County Board of Commissioners
c/o Community Services Department
ATTN: Georgina Devine
810 Datura Street
West Palm Beach, FL 33401

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE
Floyd Nichols/JOHNSK

ACORD 25 (2001/08) FAX: (561)253-1370

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