

Agenda Item #: **3.M.8.**

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date: **December 4, 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 Hold My Hand, Inc. for the period December 4, 2007, through December 30, 2007, in an amount not-to-exceed \$2,000 for funding of a tennis tournament.

Summary: This funding is to help offset costs incurred by Hold My Hand, Inc. for a tennis tournament held at Okeeheelee Park on June 9, through June 10, 2007. The event attracted 36 players and 250 spectators. The Agreement allows for reimbursement of eligible expenses incurred subsequent to April 1, 2007. Funding is from the Recreation Assistance Program (RAP) District 6 Funds. District 6 (AH)

Background and Justification: Hold My Hand, Inc. is a not-for-profit agency that sponsors recreational and other types of events to benefit the American Cancer Society. The total cost of the event was approximately \$2,000 for food and beverages, trophies and t-shirts for participants, portable toilets, canopies and chairs, insurances, park fee, banners and signs, and other miscellaneous expenses associated with the event. The funding from RAP - District 6 will help offset the cost of this community event. The Agreement has been executed on behalf of Hold My Hand, Inc., and now needs to be approved by the Board of County Commissioners.

Attachment: Agreement

Recommended by: 

Department Director

11/1/07
Date

Approved by: 

Assistant County Administrator

11/19/07
Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2008	2009	2010	2011	2012
Capital Expenditures	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
Operating Costs	<u>2,000</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>2,000</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 Units R906
Object 8201 Program N/A

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

Recreation Assistance Program

District 6 3600-583-R906-164-8201 \$2,000

C. Departmental Fiscal Review: ckopelakis

III. REVIEW COMMENTS

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

 [Signature] 11-7-07
OFMB [Signature] 11/15/17

 [Signature] 11/14/07
Contract Development and Control
 [Signature]

B. Legal Sufficiency:

 Anne Helgent 11-16-07
Assistant County Attorney

This Contract complies with our contract review requirements.

C. Other Department Review:

Department Director

REVISED 10/95
ADM FORM 01

**AGREEMENT BETWEEN PALM BEACH COUNTY AND HOLD MY HAND, INC. FOR A
TENNIS TOURNAMENT FUND RAISER**

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 Hold My Hand, Inc., a not-for-profit corporation authorized to do business in the State of Florida, hereinafter referred to as "Hold My Hand".

WITNESSETH:

WHEREAS, Hold My Hand is a not-for-profit agency that holds fundraising events for the American Cancer Society; and

WHEREAS, Hold My Hand held a tennis tournament on June 9 through June 10, 2007 (the Event), to benefit the Palm Beach County Chapter of the American Cancer Society; and

WHEREAS, the Event took place in Okeeheelee Park with thirty six (36) players participating viewed by two hundred fifty (250) spectators; and

WHEREAS, funds collected by the players and spectators were donated to the American Cancer Society; and

WHEREAS, the total cost of the Event was in excess of \$2,000 for food and beverages, trophies and t-shirts for players, portable toilets, canopies and chairs, insurances, park fee, banners and signs, and other miscellaneous expenses associated with the Event; and

WHEREAS, Hold My Hand has requested that County provide \$2,000 to help offset costs for the Event; and

WHEREAS, funding for the Event in an amount not-to-exceed \$2,000 is available from the Recreation Assistance Program (RAP) – District 6; and

WHEREAS, recreational and fund raising Events benefiting citizens of Palm Beach County are deemed 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 \$2,000 to Hold My Hand for the Event for food and beverages, trophies and t-shirts for players, portable toilets, canopies and chairs, insurances, park fee, banners and signs, and other miscellaneous expenses associated with the Event, 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 Hold My Hand 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 Hold My Hand. Said information shall list each invoice paid by Hold My Hand and shall include the vendor invoice number; invoice date; and the amount paid by Hold My Hand along with the number and date of the respective check and/or proof of payment for said payment. Hold My Hand shall attach a copy of each vendor invoice paid by Hold My Hand 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, Hold My Hand's Program Administrator and Project Financial Officer shall certify the total funds spent by Hold My Hand on the Project and shall also certify that each vendor invoice, as listed on the Contractual Services Purchases Schedule was paid by Hold My Hand and approved by Hold My Hand as indicated.

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

6. Hold My Hand agrees, warrants, and represents that all of the employees and participants in the Project were 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. Hold My Hand shall be responsible for all costs of operation and maintenance of the Project.

8. The term of this Agreement shall be until December 30, 2007, commencing upon the date of execution by the parties hereto.

9. The parties agree that, in the event Hold My Hand is in default of its obligations under this Agreement, the County shall provide Hold My Hand thirty (30) days written notice to cure the default. In the event Hold My Hand 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 Hold My Hand for the Project deemed to be in default and Hold My Hand shall return any County RAP funds already collected by Hold My Hand 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. Hold My Hand shall complete the Project by August 30, 2007, and invoices and checks submitted for reimbursement must be dated within the project time frame of April 1, 2007, through August 30, 2007. Hold My Hand 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 30, 2007. Upon written notification to County at least ninety (90) days prior to that date Hold My Hand may request an extension beyond this period for the purpose of completing the Project. County shall not unreasonably deny Hold My Hand's request for said extension.

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

13. Hold My Hand 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 Hold My Hand. 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 Hold My Hand 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, Hold My Hand 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 Hold My Hand, 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 the Agreement for which Hold My Hand is eligible to receive reimbursement from the County.

16. Hold My Hand 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. Hold My Hand shall agree to provide the County with at least ten (10) day prior notice of any cancellation, non-renewal or material change to the insurance coverages. The requirements contained herein, as well as County's review of acceptance of insurance maintained by Hold My Hand are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by Hold My Hand under the Agreement.

Commercial General Liability. Hold My Hand 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. Hold My Hand shall provide this coverage on a primary basis.

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

Additional Insured. Hold My Hand 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". Hold My Hand shall provide the Additional Insured endorsements coverage on a primary basis.

Waiver of Subrogation. Hold My Hand 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 Hold My Hand 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 Hold My Hand enter into such an agreement on a pre-loss basis.

Certificate(s) of Insurance. Prior to execution of this Agreement by the County, Hold My Hand 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 ten (10) 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, Hold My Hand shall demonstrate financial accountability through the submission of acceptable financial audits performed by an independent auditor.

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

19. The County and Hold My Hand 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, Hold My Hand 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. The 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 Hold My Hand:

President
Hold My Hand, Inc.
P.O. Box 221441
West Palm Beach, FL 33422

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

By: _____
Deputy Clerk

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

By: _____
Commissioner Addie L. Greene,
Chairperson

WITNESSES:

[Handwritten Signature]

[Handwritten Signature]

HOLD MY HAND, INC.
FEI Number: 208961209

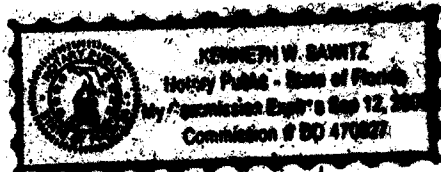
By: *[Handwritten Signature]*
Name _____
Title *[Handwritten Title]*
Signature *[Handwritten Signature]*

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

By: _____
County Attorney

APPROVED AS TO TERMS AND CONDITIONS

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



[Handwritten Signature]

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

BACKGROUND INFORMATION

Name and address of Agency:

Agency Name: **Hold My Hand, Inc.**

Mailing Address: **P.O. BOX 221441
WEST PALM BEACH, FL 33422**

Federal Employer Identification Number: **20-8961209**

Name of President: **ALEJANDRO PLAZA**

Name of Executive Director:

ALEJANDRO PLAZA

Project/Project Liaison Information:

Name: **AMERICAN CANCER SOCIETY**

Telephone #: **(561) 366-0013**

Fax #: **(561) 659-2316**

e-mail: **JENNIFER.WILLIAMS@CANCER.ORG**

Purpose/Mission of Agency:

FUND RAISING EVENTS

PROJECT/PROGRAM INFORMATION

1. Name of Project/Program: **Hold My Hand, Inc. Tennis Tournament Fundraiser**

2.

3. Project/ Program Description

- General (Project Scope): **TENNIS TOURNAMENT; FREE BREAKFAST, BEVERAGES, TROPHIES AND TSHIRTS TO PLAYERS**
- Public Purpose: **COLLECT FUNDS FOR AMERICAN CANCER SOCIETY, BY SPONSORS AND PLAYERS**
- Location: **OKEECHEE PARK, WEST PALM BEACH**

• Anticipated Number of Participants/Users: **36 PLAYERS AND PUBLIC; 250 PERSONS IN 2 DAYS**

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

5. Estimated Lump Sum Total for Project/Program **amounts. PORTABLE TOILETS, CANOPIES AND CHAIRS, INSURANCE, PARK FEE, BANNERS AND SIGNS, food and beverage, trophies, t-shirts, and** \$ 2,000

6. Project/Program Initiation date (date of first invoice for which reimbursement will be requested) and anticipated End date (date which project/program will be completed and all invoices paid).

06/09/07 to 06/10/07
month/day/year month/day/year

**other
miscellan-
expenses**

(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 until after the Agreement is approved. Please note that all invoices and checks must be dated within the project/program time frame as noted above AND Categories for Project/Program Elements must be listed in Section 3 in order to be eligible for RAP reimbursement.

6. Required Attachments: Certificate of Insurance :

7. Additional Comments if desired: **COST OF EVENT WAS HIGHER THAN AMOUNT AWARDED**

Amount of Recreation Assistance Program Funding awarded

\$ 2,000

District 6

(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

Grantee: _____

_____ Date

Project Name: _____

Submittal #: _____

Contract Reimbursement Period: _____

#	Payee (Vendor/Contractor)	Check or Voucher		Invoice			Expense Description
		Key	Number	Date	Number	Date	
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

 Date

ACORD - CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
05/31/07

PRODUCER

FOR SERVICE CALL:
FRANCIS L. DEAN & ASSOCIATES, INC.
WHEATON, ILLINOIS
800/745-2409
www.fdean.com

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.

COMPANIES AFFORDING COVERAGE

COMPANY A	CAPITOL SPECIALTY INSURANCE CORP.
COMPANY B	
COMPANY C	
COMPANY D	

INSURED SPORTS AND REC. PROVIDERS ASSN. PURCHASING GROUP

HOLD MY HAND TENNIS TOURNAMENT
7715 FOREST HILL BOULEVARD
WEST PALM BEACH, FL 33413
CERT. #31333

COVERAGES

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CS00217968	06/02/07	06/04/07	GENERAL AGGREGATE \$ 2,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG \$ 2,000,000.00
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000.00
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS				FIRE DAMAGE (Any one fire) \$ 100,000.00
					MED EXP (Any one person) \$ 5,000.00
					COMBINED SINGLE LIMIT \$
	AUTOMOBILE LIABILITY				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> SCHEDULED AUTOS				
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				OTHER
	<input type="checkbox"/> INCL				EL EACH ACCIDENT \$
	<input type="checkbox"/> EXCL				EL DISEASE - POLICY LIMIT \$
	OTHER				EL DISEASE - EA EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
THE CERTIFICATE HOLDER IS ADDED AS AN ADDITIONAL INSURED BUT ONLY WITH RESPECT TO LIABILITY ARISING OUT OF OPERATIONS OF THE NAMED INSURED DURING THE POLICY PERIOD.

CERTIFICATE HOLDER

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS
SPECIAL EVENTS/DERRICK EASLEY
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 COMPANY WILL ENDEAVOR TO MAIL 30 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Francis L. Dean

ACORD 25-S (1/95)

© ACORD CORPORATION 1988

**NAMED INSURED MEMBER
COMMERCIAL GENERAL LIABILITY DECLARATIONS CERTIFICATE**

Insurance Company Capitol Specialty Insurance Corporation	Policyholder Sports and Recreation Providers Association Purchasing Group 1776 South Naperville Road, Bldg-B Wheaton, IL 60187
Named Insured Member Hold My Hand Tennis Tournament 7715 Forest Hill Boulevard West Palm Beach, FL 33413	Certificate Policy Period Effective 6/2/07 Expiration 6/4/07 Coverage is effective and expires at 12:01am at the address of the insured member

Location/Description of Operations

Tennis Tournament

Schedule of Additional Insureds

The below entities are added as additional insured but only in respect to liability arising out of operations of the named insured during the policy term.

1.	2.	3.
Palm Beach County Board of County Commissioners Special Events/Derrick Easley 2700 6 th Avenue South Lake Worth, FL 33461		
4.	5.	6.
7.	8.	9.

This Certificate Issued By:

Francis L. Dean & Associates, Inc.
 1776 South Naperville Road, Bldg-B
 P.O. Box 4200
 Wheaton, IL 60189
 (630) 665-7011

Capitol Specialty Insurance Corporation certifies that the certificate holder named herein is insured under the Sports & Recreation Providers Association Purchasing Group Master Policy. The limits of liability, premium and effective date of coverage applicable to such certificate holder are as specified above. This certificate of insurance is not the contract of insurance. It is merely evidence of Insurance provided under the Master Policy. All claims are paid according to the term of the Master Policy. To review a copy of the Master Policy, please e-mail glpolicy@fdean.com.

Authorized Purchasing Group Representative Francis L. Dean

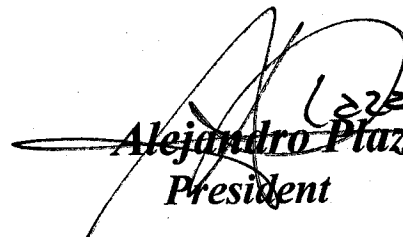


June 28, 2007.

***Dennis L. Eshleman, Director
Parks and Recreation Department***

*Re: Palm Beach County Recreation Assistance Program-
District 6 Funding for The Hold My Hand, Inc. Tennis
Tournament Fundraiser.*

*Mr. Eshleman, This is to inform you that we are not
required by the State of Florida to carry Worker's
Compensation insurance coverage because the
Corporation consist only of myself the President, **Alejandro
Plaza** and the Vice President, **Olga De Jesus**.*


Alejandro Plaza
President

Copy to: Commissioner Jess R.. Santamaria, District 6