

Date \_\_\_\_\_

## 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	-0-	-0-	-0-	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____
Is Item Included in Current Budget:	Yes _____		No _____		
Budget Account No.:	Fund _____	Dept. _____	Unit _____	Obj. _____	
	Program Code _____		Program Period: _____		

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

No Fiscal Impact

Departmental Fiscal Review:

## III. REVIEW COMMENTS

### A. OFMB Fiscal and/or Contract Administration Comments:

OFMB 12-4-07

Contract Administration 12/4/07

### B. Legal Sufficiency:

12/3/07 11/30

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

Assistant County Attorney 12/5/07

### 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, R2007-0928, dated June 19, 2007) 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 2<sup>nd</sup> Avenue North Lake Worth, Florida 33460.

**WITNESSETH:**

**WHEREAS**, the need exists to amend the contract to modify ARTICLE 2 "Schedule" and Exhibit "C-1" 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 June 30, 2008.
- II. Exhibit "C-1" is hereby replaced by C-2 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 Second 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:

Julie Swindler  
Signature

Julie Swindler  
Name Typed

59-2471253  
AGENCY's Federal ID Number

AGENCY:

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

BY Wendy Tippet  
Signature

Wendy Tippet  
AGENCY's Signatory Name Typed

Executive Director  
AGENCY's Signatory Title Typed

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

\_\_\_\_\_  
Assistant County Attorney

APPROVED AS TO TERMS AND CONDITIONS  
Department of Community Services

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

**Exhibit "C-2"**  
**OUTCOME AND CONSTRUCTION PROGRESS REPORT**

Task Name	Start Date	Projected Completion Date	Actual Completion Date	
Property: 1736 2nd Ave. No.				
Permitting	9/24/2007	12/31/2007		
Clearing & Grubbing	1/15/2008	1/22/2008		
Forming Slab	1/25/2008	2/8/2008		
Rough in plumbing and drain lines	2/11/2008	3/7/2008		
Plumbing and drain inspection	3/10/2008	3/14/2008		
Treat slab for termites	3/17/2008	3/19/2008		
Final Slab Inspection	3/24/2008	3/26/2008		
Pour Slab and finishing	3/20/2008	3/21/2008		
Grade around slab	3/31/2008	4/2/2008		
Block laying	4/7/2008	4/21/2008		
Beam prep and install	4/22/2008	4/30/2008		
Block and beam inspection	5/1/2008	5/6/2008		
Install roofing material	5/6/2008	2/21/2008		
Roof inspection	5/21/2008	5/21/2008		
Install interior plumbing	5/21/2008	6/16/2008		
Install interior electric	5/21/2008	6/11/2008		
Install doors & windows	5/21/2008	6/4/2008		
Install A/c units and duct work	5/21/2008	6/11/2008		
A/C rough inspection	6/12/2008	6/13/2008		
Framing inspection	6/13/2008	6/18/2008		
Stucco exterior install	6/26/2008	7/24/2008		
Interior finish	6/19/2008	7/22/2008		
Carpet and tile installation	7/30/2008	8/6/2008		
Frame in sidewalks and parking lot	7/24/2008	7/29/2008		
Pour and finish sidewalks and parking lot	8/4/2008	8/8/2008		
Driveway and parking lot inspection	8/11/2008	8/11/2008		
Irrigation installation	8/4/2008	8/8/2008		
Irrigation inspection	8/11/2008	8/11/2008		
landscape installation	8/12/2008	8/18/2008		
Interior paint and finish	7/25/2008	8/14/2008		
Install interior doors, cabinets, lighting	7/21/2008	8/18/2008		
Final building inspection	8/25/2008	8/25/2008		
Issuance of Certification of completion	9/5/2008	9/5/2008		

## ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/08/2007PRODUCER (561)776-0660 FAX (561)776-0670  
Insurance Office of America, Inc.  
Abacoa Town Center  
1200 University Blvd., Ste 200  
Jupiter, FL 33458THIS 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 Adopt-A-Family of the Palm Beaches, Inc.  
1712 Second Avenue North  
Lake Worth, FL 33460

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.

INSR ADD'L LTR	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 (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000
	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 (Ea accident) \$ 1,000,000 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 EA ACC AGG \$
	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 \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	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  
Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida  
It's officers, employees and agents, c/o Departemtn of Community Services is listed as additional insured.

\*30 Day Notice of Cancellation applies except 10 Day Notice for Non-Payment of Premium

## CERTIFICATE HOLDER

## CANCELLATION

Palm Beach County Board of County  
Commissioners  
%Community Services Department  
810 Datura Street  
West Palm Beach, FL 33410SHOULD 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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY  
OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Floyd Nichols/ABRAHB

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

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