

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: March 11, 2008 (X) Consent () Regular
() Ordinance () Public Hearing

Department

Submitted By: Community Services

Submitted For: Division of Human Services

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Amendment No. 1 to the agreement with The Center for Family Services of Palm Beach County, Inc. (R2007 1466; 09/11/07) for the period of October 01, 2007 through September 30, 2008 to increase the contract by \$50,000 for a total of \$97,514 for emergency shelter services.

Summary: On September 11, 2007, the Board of County Commissioners approved a contract with The Center for Family Services of Palm Beach County, Inc. for after hours emergency shelter placement, food, transportation and ongoing case management to homeless persons until alternate placement can be arranged. Since November 2007, The Center for Family Services has experienced an increased demand for emergency shelter services which has necessitated increasing the contract funds. (Human Services) Countywide (TKF)

Background and Justification: Since 2002, The Center for Family Services of Palm Beach County, Inc. has provided emergency shelter services to homeless persons. The contract was developed as a result of a Board directive regarding homelessness and accessing information and services after hours for homeless persons. Homeless individuals and families are placed through Project REACH, an emergency shelter program. This current collaboration expands the availability of emergency shelter to homeless individuals and families through an existing contracted resource.

Attachments:

A. Amendment No. 1 with The Center for Family Services of Palm Beach County, Inc.

Recommended By:

Department Director

Date

Approved By:

Assistant County Administrator

Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2007	2008	2009	2010
Capital Expenditures	_____	_____	_____	_____
Operating Costs	_____	<u>50,000</u>	_____	_____
External Revenue	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____
NET FISCAL IMPACT	<u>-0-</u>	<u>50,000</u>	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____

Is Item Included in Current Budget: Yes X No _____

Budget Account No.: Fund 0001 Dept. 740 Unit 2020 Obj. 8201

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:

Jim Del 3-10-08
OFMB
3/10/08 CN 3/6/8

W.D. - J. J. J. 3/10/08
Contract Administration

B. Legal Sufficiency:

This amendment complies with
our review requirements.

Assistant County Attorney

C. Other Department Review:

Department Director

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

**AMENDMENT TO
CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE**

THIS AMENDMENT TO THE CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE (R2007-1466, dated September 11, 2007) made and entered into at West Palm Beach Florida, on this _____ day of _____, 2008 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and The Center for Family Services of Palm Beach County, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is The Center for Family Services of Palm Beach County, Inc., 4101 Parker Avenue, West Palm Beach, Florida 33405.

WITNESSETH:

WHEREAS, the Center for Family Services of Palm Beach County, Inc. has had an increased demand for emergency shelter services to homeless families; whereas the need exists to amend the contract to increase the total contract amount.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on September 11, 2007 is hereby amended as follows:

- I. Article 3 is hereby amended to read, an amount not to exceed Ninety-Seven Thousand Five Hundred Fourteen Dollars (\$97,514).
- II. Exhibit "A" is hereby replaced by "A-1" attached hereto and made a part thereof.
- III. Exhibit "C" is hereby replaced by "C-1" attached hereto and made a part thereof.

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:


Signature

Judith E. Delman
Name Typed

59-1084179
AGENCY's Federal ID Number

AGENCY:

The Center for Family Services of Palm
Beach County, Inc.
AGENCY's Name Typed

BY: 
Signature

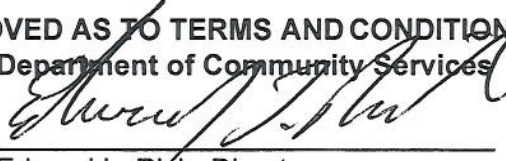
Dorla Leslie
AGENCY's Signatory Name Typed

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, Director

SCOPE OF WORK

BACKGROUND INFORMATION:

This contract is being developed as a result of a Board Directive regarding homelessness and accessing information and services after hours for families.

DESCRIPTION OF EMERGENCY SHELTER WITH THE CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY, INC. AS OUTLINED IN EXHIBIT B:

Emergency Shelter and Support Services will be provided to homeless individuals/families. These individuals/families will be placed through Project REACH, an Emergency Shelter Program for The Center for Family Services of Palm Beach County. Priority will be given to those homeless individuals/families referred after 5 PM or on weekends. The services to be provided are outlined in the proposal (**Exhibit B**). Maximum annual expenses are: Emergency Shelter at \$88,874, meals at \$7,200 and bus passes at \$1,440. The total amount available for Emergency Shelter and Support Services is not to exceed \$97,514.

STANDARDS OF CARE

The provider must comply with the Standards of Care related to emergency shelter. (**Exhibit F**).

MONITORING / REPORTING:

A monthly desk audit by the County will be completed to determine programmatic and fiscal compliance.

Monitoring of Emergency Shelter will be completed by the County annually.

BILLING / PAYMENTS:

By the 10th of each month the following must be submitted for payment:

1. For Emergency Shelter, Meals, and Bus Pass reimbursement, the Provider must submit (**Exhibit D**) which includes: Adult name, children's name, Social Security Number, Service and Cost.
2. (**Exhibit E**) must be submitted on agency letterhead certifying all expenses.

All invoice billings for services relative to this agreement must be submitted to Human Services by September 30, 2008.

Budget

Center for Family Services

After Hours Homeless Program Budget 10/1/2007 – 9/30/2008

	Total Annual Expense
Motel Rooms	\$88,874.00
Meals	\$7,200.00
Bus Passes	<u>\$1,440.00</u>
	\$97,514.00

Note: Contract does not require monthly obligation, however, total dollars must be met by 9/30/2008.

PRODUCER

Serial # 625241

AON RISK SERVICES OF FLORIDA
1001 BRICKELL BAY DRIVE, SUITE 1100
MIAMI, FL 33131
(305) 372-9950

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 ZURICH AMERICAN INSURANCE COMPANY
COMPANY
B
COMPANY
C
COMPANY
D

INSURED

Oasis Outsourcing Holdings, Inc., Alt. Emp.: The Center For
Family Services Of Palm Beach County, Inc
4400 N Congress Ave., Suite 250
West Palm Beach, Fl 33407-3288

RECEIVED
JUL 20 2007

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
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	AUTOMOBILE LIABILITY <input 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				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	WC 29-38-687-05	06/01/07	06/01/08	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER EL EACH ACCIDENT \$ 1000000 EL DISEASE - POLICY LIMIT \$ 1000000 EL DISEASE - EA EMPLOYEE \$ 1000000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ONLY THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF:
THE CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY, INC

CERTIFICATE HOLDER

PALM BEACH COUNTY
DIVISION OF HUMAN SERVICES
ATTN: CAROL SHAFFER
810 DATURA ST
W PALM BEACH, FL 33401

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

AON RISK SERVICES, INC. OF FLORIDA

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/01/2007PRODUCER
Brown & Brown of Florida, Inc
1401 Forum Way
Suite 400
West Palm Beach, FL 33401THIS 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
The Center for Family Services
of Palm Beach County, Inc.
471 Spencer Drive
West Palm Beach, FL 33409

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Philadelphia Indemnity

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PHPK220221	03/01/07	03/01/08	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP 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 checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	PHPK220221	03/01/07	03/01/08	COMBINED SINGLE LIMIT (Ea 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 \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000	PHUB080870	03/01/07	03/01/08	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$ \$ \$ WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				
A		OTHER Prof. Liability	PHPK220221	03/01/07	03/01/08	\$1,000,000 Prof. Incide \$3,000,000 Aggregate

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

*10 Days Notice of Cancellation for Non-Payment of Premium.

The Certificate Holder is Additional Insured as respects General Liability

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

John Mendola

CERTIFICATE HOLDER

Palm Beach County Board of
County Commissioners
810 Datura St
West Palm Beach, FL 33401

JAS

© ACORD CORPORATION 198

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.