

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: May 6, 2008

☒ 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 Adolph and Rose Levis Jewish Community Center, Inc. for the period May 6, 2008, through December 30, 2008, in an amount not-to-exceed \$20,000 for funding of Camp Kavod 2008.

Summary: This funding is to assist with expenses for Camp Kavod 2008 offered by the Adolph and Rose Levis Jewish Community Center. This non-denominational summer camp program serves approximately 50 special needs children. The Agreement allows for the reimbursement of eligible project costs incurred subsequent to June 1, 2008. Funding is from the Recreation Assistance Program (RAP) District 5 Funds. District 5 (AH)

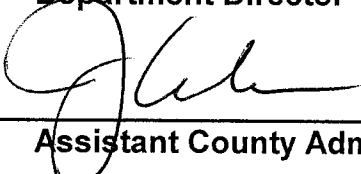
Background and Justification: The Adolph and Rose Levis Jewish Community Center serves over 40,000 participants in the south Palm Beach area annually thorough programs such as early learning centers, youth and adult classes, sports, programs, cultural arts offerings, an Alzheimer's and adult day care center, special needs programs, a thrift shop, and summer camp. The Community Center offers the Camp Kavod summer camp program for students with special needs. Camp Kavod activities are coordinated by the Special Needs Director and supervised by a staff of certified exceptional education teachers, paraprofessionals, and volunteers. Camp activities include field trips, sporting events, horseback riding, yoga, instructional swimming, music, dance, and arts and crafts.

The total budget for Camp Kavod 2008 is \$151,574 for personnel costs, transportation, and other miscellaneous expenses related to the camp. The \$20,000 from District 5 RAP funding will offset a portion of the cost of the camp. The Agreement has been executed on behalf of the Adolph and Rose Levis Jewish Community Center, Inc., and now needs to be approved by the Board of County Commissioners.

Attachment: Agreement

Recommended by: 
Department Director

4/16/08
Date

Approved by: 
Assistant County Administrator

4/30/08
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>20,000</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>20,000</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 Unit R905
Object 8201 Program N/A

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

Recreation Assistance Program
District 5 3600-583-R905-082-8201 \$20,000

C. Departmental Fiscal Review: ckopelakis

III. REVIEW COMMENTS

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

Atwillhite 4.28.08
OFMB 22
4/28/08
SIA 4/25/08 CN 4/23/08

Contract Development and Control
4/29/08
This Contract complies with our
contract review requirements.

B. Legal Sufficiency:

Anne Delgant 4/30/08
Assistant County Attorney

C. Other Department Review:

Department Director

REVISED 10/95
ADM FORM 01

G:\SYINGER\RAP07-08\District 5\Adolph & Rose Levis Jewish Community Center\Agenda.doc

**AGREEMENT BETWEEN PALM BEACH COUNTY AND ADOLPH AND ROSE LEVIS
JEWISH COMMUNITY CENTER, INC. FOR FUNDING OF CAMP KAVOD 2008**

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 Adolph and Rose Levis Jewish Community Center, Inc., a Florida not-for-profit corporation, hereinafter referred to as "Community Center".

WITNESSETH:

WHEREAS, Community Center serves over 40,000 participants in the south Palm Beach area annually through program offering such as early learning centers, youth and adult classes, sports programs, cultural arts offerings, an Alzheimer's and adult day care center, special needs programs, a thrift shop, and the Community Center summer camp; and

WHEREAS, Community Center offers the Camp Kavod summer camp program (Program), a non-denominational summer camp program for students with special needs, which operates within the structure of the regular Community Center summer camp program; and

WHEREAS, the 2008 Camp Kavod program will serve approximately fifty (50) special needs children, with all activities coordinated by the Special Needs Director and supervised by a compassionate staff of certified exceptional education teachers, paraprofessionals and volunteers; and

WHEREAS, Camp Kavod activities include field trips, sporting events, horse back riding, yoga, instructional swimming, music, dance and arts and crafts; and

WHEREAS, the total budget for the Camp Kavod program is \$151,574 for personnel costs, transportation, and other miscellaneous expenses related to the Program; and

WHEREAS, Community Center has requested that County provide \$20,000 to help offset expenses for the Program; and

WHEREAS, funding for the Program in an amount not-to-exceed \$20,000 is available from the Recreation Assistance Program (RAP) District 5; and

WHEREAS, recreational and socialization programs for special needs children serve a public benefit; 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 \$20,000 to Community Center for Program expenses to include personnel costs, transportation, and other miscellaneous

expenses related to the Program, 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 Community Center 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 AB®, which are required for each and every reimbursement requested by Community Center. Said information shall list each invoice paid by Community Center and shall include the vendor invoice number; invoice date; and the amount paid by Community Center along with the number and date of the respective check or proof of payment for said payment. Community Center shall attach a copy of each vendor invoice paid by Community Center along with a copy of the respective check or proof of payment and shall make reference thereof to the applicable item listed on the Contractual Services Purchases Schedule. Further, Community Center's Program Administrator and Project Financial Officer shall certify the total funds spent by Community Center on the Project and shall also certify that each vendor invoice, as listed on the Contractual Services Purchases Schedule was paid by Community Center and approved by Community Center as indicated.

3. Community Center will incur expenses for the Project beginning on June 1, 2008. Those costs incurred by Community Center for the Project, approved and submitted accordingly by Community Center subsequent to June 1, 2008, 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 Community Center 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. Community Center warrants that it is an active not-for-profit corporation, duly chartered and registered with the Florida Department of State, Division of Corporations.

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

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

9. The parties agree that, in the event Community Center is in default of its obligations under this Agreement, the County shall provide Community Center thirty (30) days written notice to cure the default. In the event Community Center 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 Community Center for the Project deemed to be in default and Community Center shall return any County RAP funds already collected by Community Center 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. Community Center shall complete the Project by September 30, 2008, and invoices and checks submitted for reimbursement must be dated within the project time frame of June 1, 2008, through September 30, 2008. Community Center 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, 2008. Upon written notification to County at least ninety (90) days prior to that date Community Center may request an extension beyond this period for the purpose of completing the Project. County shall not unreasonably deny Community Center's request for said extension.

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

13. Community Center 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 Community Center. 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 Community Center 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, Community Center 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 Community Center, 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 Community Center is eligible to receive reimbursement from the County.

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

Commercial General Liability. Community Center 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. Community Center shall provide this coverage on a primary basis.

Automobile. Community Center 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 Community Center or by anyone employed by or contracting with Community Center. Should Community Center 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 Community Center and Palm Beach County as Additional Insured.

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

Additional Insured. Community Center 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." Community Center shall provide the Additional Insured endorsements coverage on a primary basis.

Waiver of Subrogation. Community Center 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 Community Center 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 Community Center enter into such an agreement on a pre-loss basis.

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

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

19. The County and Community Center 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, Community Center 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, 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 Community Center:

Executive Director
Adolph and Rose Levis Jewish Community Center, Inc.
9801 Donna Klein Boulevard
Boca Raton, FL 33428

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:

Susan W. Yinger
Veronica Bennett

ADOLPH AND ROSE LEVIS JEWISH COMMUNITY CENTER, INC.

FEI # : 65-1127438

By: MARTIN SCHWARTZ
Name (Type or Print)
Title: EXECUTIVE DIRECTOR
By: [Signature]
Signature

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

By: _____
County Attorney

APPROVED AS TO TERMS AND CONDITIONS

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

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

Name of Agency: Adolph and Rose Levis Jewish Community Center, Inc.

Mailing Address: 9801 Donna Klein Blvd.
Boca Raton, FL 33428

Federal Employer Identification Number:
65-1127438

Name of President: Maurice D. Plough, Jr.

Name of Executive Director: Marty Schneer

Project Liaison Information:

Name: Janet Oppenheimer
Telephone #: (561) 852-3253
Fax #: (561) 852-6025
e-mail: Janeto@levisjcc.org

Purpose/Mission of Agency:

To preserve, transmit, and strengthen Jewish continuity by enriching personal, cultural, social and physical development.

PROJECT INFORMATION

1. Name of Project: **2008 Camp Kavod**
2. Project Description

- General (Project Scope):

The Levis JCC's Camp Kavod program, operated by the Special Needs Department, provides special needs children with well-rounded summer camp experiences that include physical, occupational and speech therapy. As with all programs of the Special Needs Department, the camp's goal is to help individuals develop improved self-image, build social skills, and develop the ability to overcome barriers presented by special needs while finding new and rewarding ways to challenge mind, body and spirit. To this end, the inaugural 2003 session of Camp Kavod provided 12 fourth to eighth grade campers with an active schedule of field trips, sporting events, horse back riding, yoga, instructional swimming, music, dance, and arts and crafts. Program activities, designed to provide campers with opportunities for physical, emotional and creative expression, are coordinated by the Special Needs Director and supervised by a compassionate staff of certified exceptional-education teachers, paraprofessionals and volunteers. The 2008 Camp now will serve over 50 participants.

- Public Purpose:

Children who are residents of Palm Beach County who have special needs requirements from all race, religions, and cultures are able to attend Camp Kavod. Scholarships are available upon meeting criteria set, so no child is turned away due to financial restriction.

- Location and Date:

June 16-August 8, 2008

3. Project/Program Elements:
Personnel Costs, Transportation, and Other Miscellaneous Expenses

4. Estimated Lump Sum Total for Project: \$151,574
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). ~~June 2008 to August 2008.~~
June 1, 2008 September 30, 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 Attachment:
Certificate of Insurance X

Amount of Recreation Assistance Program Funding awarded \$ 20,000
District 5
(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

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.

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

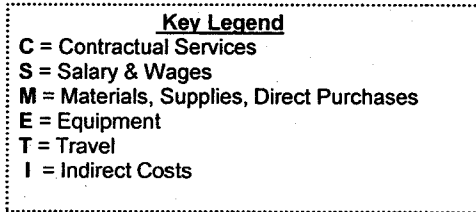


EXHIBIT B

Date _____

Submittal #: _____

Contract Reimbursement Period: _____

Certification: I hereby certify that the purchases noted above were used in accomplishing this project.

Date _____

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.

Date _____

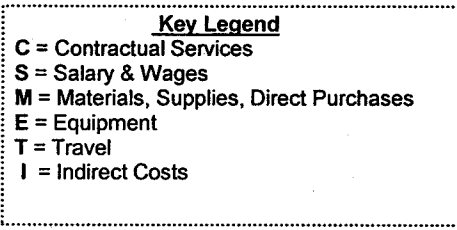


EXHIBIT B
(cont'd.)

Certification: I hereby certify that the purchases noted above were used in accomplishing this project.

Financial Officer


Date _____

ACORD. CERTIFICATE OF LIABILITY INSURANCE		OP ID I.E JEWIS-3	DATE (MM/DD/YYYY) 02/22/08
PRODUCER Programs Sterling & Sterling, Inc. P.O. Box 9017 Woodbury NY 11797-2002 Phone: 516-487-0300 Fax: 516-487-0372		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 Adolph and Rose Levis Jewish Community Center, Inc 9901 Donna Klein Blvd Boca Raton FL 33428		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Zurich North America	
		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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	GLO3793662	12/17/07	12/17/08	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
		OTHER				E.L. DISEASE - POLICY LIMIT	\$

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

Certificate Holder is included as additional insured as respects Recreation Assistance Program - District 5 in regard to the operation of Camp Kavod for Summer 2008.

CERTIFICATE HOLDER	CANCELLATION
Palm Beach County Board of County Commissioners 2700 6th Avenue South Lake Worth FL 33461	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 

ACORD		CERTIFICATE OF LIABILITY INSURANCE		OP ID NX ADOAN01	DATE (MM/DD/YYYY) 03/05/08
PRODUCER Gateway Insurance Agency Fort Lauderdale Branch 2430 W. Oakland Park Blvd. Fort Lauderdale FL 33311 Phone: 954-735-5500 Fax: 954-735-2852				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 Adolph & Rose Levis Jewish Community Center, Inc. 9801 Donna Klein Blvd. Boca Raton FL 33428-1755				INSURERS AFFORDING COVERAGE	NAIC #
				INSURER A: American Alternative Ins Co.	
				INSURER B: Zenith Insurance Company	
				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	76A2GL000000102	02/06/08	02/06/09	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ Excluded
	<input checked="" type="checkbox"/> Athletic Participip				PERSONAL & ADV INJURY \$ 1000000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 2000000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 1000000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	RETENTION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Z066841104	12/31/07	12/31/08	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTIF-ER
	E.L. EACH ACCIDENT \$ 1000000				
	E.L. DISEASE - EA EMPLOYEE \$ 1000000				
	E.L. DISEASE - POLICY LIMIT \$ 1000000				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				
	If yes, describe under SPECIAL PROVISIONS below				
	OTHER				

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

Ref: Recreation Assistance Program - District 5 in regards to the operations of Camp Kavod for Summer 2008.

CERTIFICATE HOLDER	CANCELLATION
PALBE56	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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS 2700 6TH AVENUE SOUTH LAKE WORTH FL 33461	AUTHORIZED REPRESENTATIVE 