

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date: July 8, 2008 Consent Regular
 Ordinance Public Hearing

Department

Submitted By: Community Services

Submitted For: Division of Senior Services

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Amendment No. 002 to the Contract for Consulting/Professional Services with Joseph L. Morse Geriatric Center-Just Checking Program. (R2006-1095) for a not-to-exceed amount of \$20,040 for the period July 1, 2008 through June 30, 2009, to execute the second renewal option.

Summary: This amendment exercises the second renewal option for professional/consultation services with Joseph L. Morse Geriatric Center-Just Checking Program. It allows the Division of Senior Service (DOSS) to continue to meet the Area Agency on Aging Palm Beach, Treasure Coast, Inc., (AAA) Counseling Services requirements of the Community Care for the Elderly (CCE), grant by providing mental health counseling services to the Division of Senior Services clients on an individual basis. Funding consists of \$18,036 (90%) in State funds and \$2,004 (10%) in County matching funds. The County match funds are included in the current and the tentative FY 2009 budget. In the area south of Hypoluxo Road, Ruth Rales Jewish Family Services of South Palm Beach County (RRJFSSPBC) currently provides CCE services under similar grants from the AAA. (DOSS) Countywide except for portions of District 3, 4, 5 and 7 south of Hypoluxo Road (TKF)

Background and Justification: As a provider for the CCE Program, DOSS is responsible for meeting clients' total needs. Mental health counseling will be available for those clients having difficulty facing health problems, depression or other issues. DOSS social workers will refer clients for Mental Health Counseling and follow up to determine if services have provided the desired outcome. The goal of the CCE program is to provide services and make it possible for frail elder individuals to live independently in their own homes.

Attachments:

Amendment

Recommended BY:  6-18-2008
 Department Director Date

Approved By:  7-1-08
 Assistant County Administrator Date

II. FISCAL ANALYSIS IMPACT

A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>5,010</u>	<u>15,030</u>	_____	_____	_____
External Revenue	<u>(4,509)</u>	<u>(13,527)</u>	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>501</u>	<u>1,503</u>	_____	_____	_____
 # ADDITIONAL FTE POSITIONS (Cumulative)	<u>0</u>	<u>0</u>	_____	_____	_____

Is Item Included in Current Budget: Yes X No
 Budget Account No.: Fund 1008 Dept. 144 Unit. 1443 Obj. 3401
 Program Code Various

B. Recommended Sources of Funds/Summary of Fiscal Impact:
 Funding sources are State of Florida Dept. of Elder Affairs and Palm Beach County.

Departmental Fiscal Review: *[Signature]*

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

<p><u><i>apwillhite 6-24-08</i></u> OFMB <u>8/24/08</u> ^{CN} 6/23/08</p>	<p><u><i>Jim J. [Signature] 6/25/08</i></u> Contract Administration 6/25/08</p>
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B. Legal Sufficiency:

This amendment complies with our review requirements.

Maureen Cullen For Tammy Fields
 Assistant County Attorney

C. Other Department Review:

 Department Director

AMENDMENT 001 TO CONTRACT FOR CONSULTING/PROFESSIONAL SERVICES

THIS AMENDMENT 001 TO CONTRACT FOR CONSULTING/PROFESSIONAL SERVICES dated June 19, 2007 (Document No. R2007-0931), made and entered into at West Palm Beach, Florida, on this day of _____, by and between Palm Beach County, a political subdivision of the State of Florida hereinafter referred to as COUNTY, and Caregiver Services, Inc., d/b/a Friends Assisting Seniors & Families, 2324 South Congress Avenue, Suite 1-A, West Palm Beach, FL 33406 hereinafter referred to as the CONSULTANT.

WITNESSETH:

WHEREAS, the need exists to amend and extend the CONTRACT for the CONSULTANT for a seven (7) month renewal option from April 1, 2008, through October 31, 2008.

NOW, THEREFORE, the above named parties hereby mutually agree to extend the CONTRACT entered into on June 19, 2007, hereby amended as follows:

I. So much as ARTICLE 1 - SERVICES is now amended to read the CONSULTANT's representative/liaison during the performance of this Contract amendment as detailed in Exhibit A and Attachments I through VII shall be Mary Donavan, RN, Business Development Vice President, telephone no. (561) 967-5859.

II. So much as ARTICLE 2 - SCHEDULE is now amended to read the CONSULTANT shall commence services prior to this contract Amendment being signed by both parties retroactive back to April 1, 2008, and complete all services by October 31, 2008.

III. So much as RETROACTIVE STATEMENT is now amended to read this is to certify that payment will be made for services rendered by the CONSULTANT prior to this Amendment being signed by both parties retroactive back to April 1, 2008.

OTHER PROVISIONS

All provisions in the CONTRACT or exhibits to the CONTRACT in conflict with this Amendment to the CONTRACT shall be and are hereby changed to conform to this Amendment. All provisions not in conflict with the Amendment are still in effect and are to be performed at the same level as specified in the CONTRACT.

IN WITNESS THEREOF, the parties hereto have caused this 2 page Amendment to be executed by their officials thereupon duly authorized.

ATTEST:
SHARON R. BOCK,
Clerk and Comptroller

PALM BEACH COUNTY, FLORIDA
BY ITS BOARD OF COUNTY COMMISSIONERS

By: _____
Deputy Clerk

By: Addie L. Greene, Chairperson

WITNESS:

CONSULTANT:
Caregiver Services, Inc., d/b/a Friends Assisting
Seniors & Families

By: Paula K. Lotz
Signature
Paula K. Lotz
Witness Name

By: Mary C. Donovan

Name: Mary C. Donovan, R.N.

Title: Business Development Vice President

Date: 6/4/08

**Reviewed and Approved As to Form
and Legal Sufficiency**

By: _____
County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**

By: [Signature]
Department Director

ACORD™ CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY)
5/27/2008

PRODUCER (312)980-7867 FAX: (312)980-7888
Equity Risk Partners, Inc.
 License No. 943381986
 200 West Madison Street, Suite 3450
 Chicago IL 60606

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
CSI - Private Duty Services, Inc.
 dba Friends Asst. Seniors & Fam.
 2324 S. Congress Ave., Suite 1A
 West Palm Beach FL 33406


INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: United National Ins. 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	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	AHB0562443	11/14/2007	11/14/2008	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ Included
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	AHB0562443	11/14/2007	11/14/2008	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 \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		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 \$
A		OTHER Professional Liab.- Claims Made Retro Date: 6/1/02	AHB0562443	11/14/2007	11/14/2008	Included in General Liability Limits

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Palm Beach County is added as an additional insured.

CERTIFICATE HOLDER
 Palm Beach County Purchasing Department
 Attn: Elaine
 50 South Military Trail
 Suite 10
 West Palm Beach, FL 33415

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
 Tony Marcon/BROOKS 

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.