



**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>31,075</u>	<u>5,179</u>			
External Revenue	<u>(27,967)</u>	<u>(4,661)</u>			
Program Income (County)					
In-Kind Match (County)					
<b>NET FISCAL IMPACT</b>	<u>3,108</u>	<u>518</u>			
# ADDITIONAL FTE POSITIONS (Cumulative)	<u>0</u>	<u>0</u>			

Is Item Included in Current Budget: Yes X No       
 Budget Account No.: Fund 1006/1008/1007 Dept. 144 Unit. 1467/1472/1443/1457/1461  
 Obj. 3401 Program Code Var.

**B. Recommended Sources of Funds/Summary of Fiscal Impact:**  
 Funding sources are the Federal, State of Florida and Palm Beach County.

Departmental Fiscal Review: *[Signature]*

**III. REVIEW COMMENTS**

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

*[Signature]* 6-24-08  
 SS OFMB 6/24/08  
 CN 6/22/08

*[Signature]* 6/25/08  
 Contract Administration  
 G. Jones 6/25/08

**B. Legal Sufficiency:**

*[Signature]* For Tammy Fields  
 Assistant County Attorney

This amendment complies with our review requirements.

*This Amendment is retroactive.*

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

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

**AMENDMENT 002 TOCONSULTING/PROFESSIONAL SERVICES CONTRACT**

**THIS AMENDMENT 002 TO CONSULTING/PROFESSIONAL SERVICES CONTRACT** dated June 20, 2006 (Document No. R2006-1095), 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 **Joseph L. Morse Geriatric Center-Just Checking Program** hereinafter referred to as the CONSULTANT.

**WITNESSETH:**

**WHEREAS**, the need exists to execute the second renewal option for the period of July 1, 2008 through June 30, 2009.

**NOW, THEREFORE**, the above named parties hereby mutually agree to execute the second renewal option to the CONTRACT entered into on June 20, 2006.

**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 1 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:**  
**Joseph L. Morse Geriatric Center-Just Checking Program**

By:  \_\_\_\_\_  
Signature  
6-10-08  
\_\_\_\_\_  
Witness Name

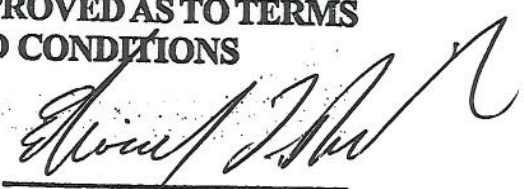
By:  \_\_\_\_\_

Name: Judy Uzzi

Title: Program Clinical Director

Date: June 10, 2008

**APPROVED AS TO TERMS AND CONDITIONS**

**BY:**   
**DEPARTMENT HEAD**

Reviewed and Approved As to Form and Legal Sufficiency

By: \_\_\_\_\_  
County Attorney

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/28/08


<b>PRODUCER</b> Kornreich/NIA 1400 Centrepark Blvd, Suite 600 West Palm Beach, FL 33401	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.	
	<b>INSURED</b> MorseLife Inc 4847 Fred Gladstone Drive West Palm Beach, FL 33417	<b>INSURERS AFFORDING COVERAGE</b> INSURER A: Homeland Ins Co of NY INSURER B: Interstate Fire & Cas. INSURER C: Mt Hawley Ins Co INSURER D: One Beacon America Ins Co 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 type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR Retro Date: 4/1/00 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	MPP160408	04/01/08	04/01/09	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$INCLUDED GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$INCLUDED 1mil/3mil
D		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	7530207110000	04/01/08	04/01/09	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 AUTO ONLY: EA ACC \$ 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 EXCESS	MPX154208	04/01/08	04/01/09	\$5MIL GL/PL;\$5MIL AUTO
B		EXCESS AUTO	HFX1000293	04/01/08	04/01/09	\$10,000,000
C		EXCESS AUTO	MXL0365887	04/01/08	04/01/09	\$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Additional Named Insureds for all policies unless indicated otherwise:  
 Joseph L Morse Geriatric Center Inc, Morse Evans Home Health Agency, Lola & Saul Kramer Senior Services Agency Inc, Morse Holding Co of Palm Beach County Inc, The Traditions of the Palm Beaches Inc, MorseLife Foundation Inc, Friends of MorseLife Inc, Jewish Home for (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> PBCBOCC, Div of Senior Services 810 Datura Street, Suite 300 West Palm Beach, FL 33401	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 
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## **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.

## DESCRIPTIONS (Continued from Page 1)

the Aged of Palm Beach County Inc, Jewish Home for the Aged of Palm Beach County Foundation Inc, Men's Associates of the Morse Geriatric Center Inc, Women's Auxiliary of the Morse Geriatric Center Inc, The Nearly New Thrift Shop of Morse Geriatric Center Inc

### WORKERS COMP

NAMED INSURED: Joseph L Morse Geriatric Center  
Zenith Ins Co, pol# Z069008202, Eff 4/1/08-09  
Limits: \$500,000/500,000/500,000

NAMED INSURED: Morse Evans Home Health Agency, Lola and Saul Kramer Senior Services Agency Inc  
Zenith Ins Co, pol# Z069009002, Eff 4/1/08-09  
Limits: \$500,000/500,000/500,000

NAMED INSURED: Morse Holding Co of Palm Beach County Inc, The Traditions of the Palm Beaches  
Zenith Ins Co, pol# Z0690094032, Eff 4/1/08-09  
Limits: \$500,000/500,000/500,000

### PROFESSIONAL LIABILITY - MEDICAL DIRECTOR

NAMED INSURED: Joseph L Morse Geriatric Center  
Evanston Ins Co, pol# BINDER1114039, Eff 4/1/08-09  
Limit: \$1,000,000 Each Claim/\$3,000,000 Aggregate

### STUDENT ACCIDENT

NAMED INSURED: Joseph L Morse Geriatric Center  
Hartford Life and Accident Ins Co, pol# 10SR684992, Eff 4/1/08-09  
Limit: \$5,000 Accidental Death/\$10,000 Accidental Medical Expense/\$250 Dental

### CRIME

National Union Fire Ins Co of Pittsburgh PA, pol# 003716514, Eff 4/1/08-09  
Limit: Employee Theft \$500,000/Forgery \$500,000/Computer Fraud \$500,000

### STORAGE TANK POLLUTION LIABILITY

NAMED INSURED: Joseph L Morse Geriatric  
Zurich Ins Co, pol# USC942101401, Eff 04/01/08-09  
Limit: \$1,000,000

### STORAGE TANK POLLUTION LIABILITY

NAMED INSURED: The Traditions  
Zurich Ins Co, pol# USC586398702, Eff 12/1/07-4/1/09  
Limit: \$1,000,000

### WIND

Citizens Property Ins Corp, pol# 1292057, Eff 4/1/08-09  
Total Insured Value: \$280,000

### FLOOD

NAMED INSURED: Joseph L Morse Geriatric Center  
Harleysville, pol# 99030233982007, Eff 5/13/07-08  
Limit: \$500,000 Building/\$500,000 Contents

### BOILER & MACHINERY

Travelers Ins Co, pol# BAJBM212015L90APHX08, Eff 4/1/08-09  
Total Insured Value: \$45,000,000

**DESCRIPTIONS (Continued from Page 1)**

**Re: Just Checking Program**

1/18/08

Social Worker Professional Liability Policy

\*\*\* RENEWAL \*\*\*

NOTICE: A LOWER LIMIT OF LIABILITY APPLIES TO JUDGMENTS OR SETTLEMENTS WHEN THERE ARE ALLEGATIONS OF SEXUAL MISCONDUCT (SEE THE SPECIAL PROVISION "SEXUAL MISCONDUCT" IN THE POLICY).

DECLARATIONS

POLICY NO: SWL-008130816  
ITEM 1. (a) NAME AND ADDRESS OF INSURED:

ACCOUNT NO: FL-UZZJ154-0 0327510S  
ITEM 1. (b) ADDITIONAL NAMED INSURED:

JUDITH UZZI  
1540 FIRETHORN DR  
WEST PALM BEACH, FL 33414

TYPE OF ORG: INDIVIDUAL

ITEM 2. ADDITIONAL INSURED:

ITEM 3. POLICY PERIOD: FROM: 03/01/08 TO: 03/01/09  
12:01A.M. STANDARD TIME AT THE ADDRESS OF THE INSURED AS STATED HEREIN:

ITEM 4. LIMITS OF LIABILITY:

(a) \$ 1,000,000 EACH WRONGFUL ACT OR SERIES OF CONTINUOUS, REPEATED OR INTERRELATED WRONGFUL ACTS OR OCCURRENCE

(b) \$ 5,000,000 AGGREGATE

(c) \$ 5,000 DEFENSE REIMBURSEMENT

ITEM 5. PREMIUM SCHEDULE:

CLASSIFICATION	NUMBER	RATE	ANNUAL PREMIUM
PROFESSIONALS	1	225.00	225.00
DEFENSE LIMIT			.00
FLORIDA INS. GUARANTY ASSOC.	1		2.14
FIGA EMERGENCY	1		2.14
TOTAL PREMIUM:			229.28

ITEM 6. RETROACTIVE DATE: 03/01/95

TOTAL PREMIUM:

229.28

ITEM 7. EXTENDED REPORTING PERIOD  
ADDITIONAL PREMIUM(If Exercised): \$ 229.28

ITEM 8. POLICY FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY:

FORM #65852 7/96 #65853 (7/96) 76105 (5/00)  
83191 (10/03) 74825 (02/01)  
APA23 (11/96) THIS IS NOT A BILL. PREMIUM HAS BEEN PAID

  
AUTHORIZED COMPANY REPRESENTATIVE





American International Companies®

RENEWAL

Insurance Provided by Members of American International Group, Inc.

Account: AIG AUTO INSURANCE

Policy Number: 342 12 94

Insurer: AIG Premier Insurance Company

The Policy Period Begins and Ends at 12:01 A.M.

Standard Time From 05/23/08 To 05/23/09

Effective Date of Change: 05/23/08

Named Insured

STEPHEN UZZI

1540 FIRE THORN DR  
WEST PALM, FL 33414-8644

Customer Service Center:

AIG AUTO INSURANCE  
ONE AIG CENTER  
PO BOX 15510  
WILMINGTON, DE 19850-5510

**POLICY SERVICE:** To make a change to your policy call 1-800-616-4524

**CLAIMS:** Call anytime to report an accident or loss 1-888-244-6163

ST: 09 CO: 0055 ACCT: 00009822

DESCRIPTION OF YOUR COVERED AUTO(S):

AUTO	TERR	SYMBOL	AGE	YR	MAKE-MODEL	SERIAL NUMBER	CLASS
1	35	1415	5	04	JEEP LIBERTY LIMITED	1J4GK58K24W225609	15132
2	35	1814	9	00	MITSUBISHI ECLIPSE GT	4A3AC84L8YE079122	14964

COVERAGE IS ONLY PROVIDED WHERE A SPECIFIC PREMIUM CHARGE IS SHOWN

COVERAGE	LIMITS OF LIABILITY	AUTO 1	AUTO 2
Bodily Injury.....	\$100,000/ \$300,000 Per Person/Accident	\$ 260.80	\$ 418.70
Property Damage.....	\$50,000 Per Accident	\$ 107.20	\$ 155.70
Medical Payments.....	\$10,000 Per Person	\$ 40.20	\$ 64.80
Personal Injury Protection.	\$10,000 Overall Maximum	\$ 100.90	\$ 143.60
Basic Medical Expenses....	80% of Expenses		
Basic Work Loss.....	60% of Expenses		
Replacement Services.....	Subject To Overall Maximum		
Death Benefit .....	\$5,000 Maximum		
Uninsured Motorist	With Stacking		
Bodily Injury.....	\$100,000/ \$300,000 Per Person/Accident	\$ 181.00	\$ 181.00
Comprehensive.....	Deductible AUTO#1 \$50 #2 \$50	\$ 69.00	\$ 70.00

SEE NEXT PAGE FOR TOTAL PREMIUM



WE LOOK FORWARD TO CONTINUING YOUR AUTOMOBILE COVERAGE AT THIS RENEWAL.

THANK YOU!

Authorized Company Representative (where required)



**American International Companies®**  
Insurance Provided by Members of American International Group, Inc.

RENEWAL

POLICY DECLARATIONS

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**POLICY SERVICE:** To make a change to your policy call 1-800-616-4524

**CLAIMS:** Call anytime to report an accident or loss 1-888-244-6163

DRIVER NAME	LICENSE NUMBER	BIRTH DATE
STEPHEN UZZI		
JUDITH UZZI		

**ENDORSEMENTS:**

GLBA 11-04                      BJP 8054 105                      AU FL46 0607                      AU FL01a 0904

**DISCOUNTS:**

Auto 1, 2 - Air Bag Discount	Auto 2 - Auto Anti-Theft Devices
Auto 1, 2 - Anti-Lock Brake Discount	Multiple Autos Insured
Merit Credit Discount	Deluxe Discount

**LIENHOLDER(S):**

AUTO#1  
HARRIS BANK

AUTO#2  
MITSUBISHI MOTOR CRE

PO BOX 660310  
SACRAMENTO CA 95866-0310

PO BOX 24020  
TUCSON AZ 85734-4020

40BBO11FL1009822ND034212940302



FLORIDA DRIVER'S LICENSE  
OR IDENTIFICATION CARD EXTENSION

NAME: JUDITH A UZZI  
DL NO: U200-421-59-504-0 BIRTHDAY: 2014  
1540 FIRETHORN DRIVE  
WEST PALM BEA FL 33414-8644

RESTRICTION CODES  
A. CORRECTIVE LENSES  
B. OUTSIDE REARVIEW MIRROR  
C. BUSINESS PURPOSES  
D. EMPLOYMENT PURPOSES  
E. DAYLIGHT DRIVING ONLY  
F. AUTOMATIC TRANSMISSION  
G. POWER STEERING  
H. DIRECTIONAL SIGNALS  
I. GRIP ON STEERING WHEEL  
K. HEARING AID  
L. SEAT CUSHION  
M. HAND CONTROL OR PEDAL EXTENSION  
N. LEFT FOOT ACCELERATOR  
O. PROBATION INTERLOCK DEVICE  
P. OTHER RESTRICTIONS  
Q. NO PASSENGER ON MOTORCYCLE  
R. MEDICAL ALERT BRACELET  
S. EDUCATIONAL PURPOSES  
ENDORSEMENT  
E. COMMERCIAL EMERGENCY VEHICLES  
F. COMMERCIAL FARM VEHICLES  
*Uzza Uzzi*  
102307  
AUDIT NO. 7397643 CLASS: E

FLORIDA AUTOMOBILE INSURANCE  
IDENTIFICATION CARD  
NAME OF INSURANCE COMPANY OR GROUP  
AIG Premier Insurance Company  
POLICY NUMBER & CO. #  
342 12 94 01225 EFFECTIVE DATE 05/23/08  
 PERSONAL INJURY PROTECTION BENEFITS/ PROPERTY DAMAGE LIABILITY  
 BODILY INJURY LIABILITY  
NAMED INSURED  
STEPHEN UZZI  
YEAR: 04 MAKE/MODEL: JEEP LIBERTY LIMITED  
VEHICLE I.D. NO.: 1J4GK58K24W225609  
NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE

FLORIDA AUTOMOBILE INSURANCE  
IDENTIFICATION CARD  
NAME OF INSURANCE COMPANY OR GROUP  
AIG Premier Insurance Company  
POLICY NUMBER & CO. #  
342 12 94 01225 EFFECTIVE DATE 05/23/08  
 PERSONAL INJURY PROTECTION BENEFITS/ PROPERTY DAMAGE LIABILITY  
 BODILY INJURY LIABILITY  
NAMED INSURED  
STEPHEN UZZI  
YEAR: 00 MAKE/MODEL: MITSUBISHI ECLIPSE GT  
VEHICLE I.D. NO.: 4A3AC8481YE0791223  
NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE

AC# 383334

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/17/2007	SW 4955	22232

The LICENSED CLINICAL SOCIAL WORKER

named below has met all requirements of

the laws and rules of the state of Florida.

Expiration Date: **MARCH 31, 2009**

JUDITH UZZI

ATTN: THE JUST CHECKING PROGRAM

(MORSE LIFE)

2290 10TH AVE NORTH, SUITE 304

LAKE WORTH, FL 33461



*Charlie Crist*

Charlie Crist  
GOVERNOR

*Joseph J. Chiato*

Joseph J. Chiato, M.D., FAAP  
INTERIM SECRETARY

DISPLAY IF REQUIRED BY LAW

