Agenda Item #: 3.M.6.

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date:

_9/9/08---

[X] Consent [] Ordinance [] Regular [] Public Hearing

Department: <u>Parks and Recreation</u>

Submitted By: <u>Parks and Recreation Department</u>

Submitted For: Parks and Recreation Department

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Agreement with T. Leroy Jefferson Medical Society, Inc. for the period August 19, 2008, through October 31, 2008, in an amount not-to-exceed \$5,000 for funding of the Eighth Annual Community Health Fair.

Summary: This funding is to help offset costs for a community health fair event held on April 26, 2008, at Dr. Mary McLeod Bethune Elementary School. The event was attended by more than 1,000 participants. The Agreement allows for the reimbursement of eligible expenses incurred subsequent to February 1, 2008. Funding is from the Recreation Assistance Program (RAP) District 7 Funds. District 7 (AH)

Background and Justification: T. Leroy Jefferson Medical Society, Inc. is a not-for-profit organization of dedicated doctors whose mission is to empower the underserved population in the Palm Beach County community through education, advocacy and guidance to create a spirit of wellness and convey the benefits of total well-being through prevention and intervention services. The Eighth Annual Community Health Fair event featured an address by a motivational speaker, games, a carnival, booths, a balloon artist, bounce house, clown, face painting, aerobics, music, food, treats, and special prizes.

The cost for the event was approximately \$59,000 for carnival costs, speaker fees, printing/supplies, food purchase, toys, books, personnel costs, facility rental, custodial costs, servers, t-shirts, and other miscellaneous expenses related to the event. The \$5,000 from RAP - District 7 will offset a portion of the costs for the event. The Agreement has been executed on behalf of T. Leroy Jefferson Medical Society, Inc., and now needs to be approved by the Board of County Commissioners.

Attachment: Agreement

		······································
Recommended by:	Department Director	7/30/08 Date
Approved by:	Assistant County Administrator	8/6/08 Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of	Fiscal Impact:				
Fiscal Years	2008	2009	2010	2011	2012
Capital Expenditures Operating Costs External Revenues Program Income (County) In-Kind Match (County)	<u>5,000</u> -0- -0- -0- -0-	-0- -0- -0- -0- -0-	-0- -0- -0- -0- -0-	-0- -0- -0- -0- -0-	-0- -0- -0- -0- -0-
NET FISCAL IMPACT	5,000	0		0	0
# ADDITIONAL FTE POSITIONS (Cumulative)	0				
ls Item Included in Curren Budget Account No.:		Department <u>5</u>	No 583 Units <u>R9</u> 1/A	907	
B. Recommended Source	es of Funds/Su	immary of Fis	cal Impact:		
Recreation Assistance District 7	<u>e Program</u> 3600-583-R90	7-160-8201		\$5,000	
C. Departmental Fiscal R	eview:	ckope	lakis		-
	<u>III. RE</u>	VIEW COMME	<u>NTS</u>		
A. OFMB Fiscal and/or C	ontract Develo	pment and Co	ontrol Comme	nts:	
Abrillite 8.4. OFMB & 84000 B. Legal Sufficiency:	0X Violine SH814k	8 8601		faa Terit and Contr complies with our w requirements.	<u>F6</u>)0F
<u>Assistant County Attorne</u> C. Other Department Rev			Pick M the sta		Waived nsurance

Department Director

REVISED 10/95 ADM FORM 01

G:\SYINGER\RAP07-08\District 7\T Leroy Jefferson Medical Society, Inc\Agenda.doc

AGREEMENT BETWEEN PALM BEACH COUNTY AND T. LEROY JEFFERSON MEDICAL SOCIETY, INC. FOR THE EIGHTH ANNUAL COMMUNITY HEALTH FAIR

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 T. Leroy Jefferson Medical Society, Inc., a Florida not-for-profit corporation, hereinafter referred to as "Medical Society".

WITNESSETH:

WHEREAS, Medical Society is a not-for-profit organization of dedicated doctors bonding together to empower the underserved population in the Palm Beach County community through education, advocacy and guidance to create a spirit of wellness and convey the benefits of total well being through prevention and intervention services; and

WHEREAS, Medical Society presents an annual Community Health Fair to assist the underserved by providing an environment to enhance total well being and improve general health of both the community and families through screening, education, recreational, and entertainment activities; and

WHEREAS, the Eighth Annual Community Health Fair (the "Event") was held on April 26, 2008 at the Dr. Mary McLeod Bethune Elementary School in Riviera Beach, and was attended by more than one thousand (1,000) participants; and

WHEREAS, activities at the Event included an address by a motivational speaker, games, carnival, booths, balloon artist, bounce house, clown, face painting, aerobics, music, food, treats, and special prizes; and

WHEREAS, the estimated cost of the Event was approximately \$59,000 for carnival, speaker, printing/supplies, food purchase, toys, books, personnel costs, facility rental costs, custodial costs, servers, t-shirts, and other miscellaneous expenses related to the Event; and

WHEREAS, Medical Society has requested that County provide \$5,000 to help offset the cost of expenses for the Event; and

WHEREAS, funding to help offset costs for the Event in an amount not-to-exceed \$5,000 is available from the Recreation Assistance Program (RAP) – District 7; and

WHEREAS, educational and recreational programs 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 \$5,000 to Medical Society to help offset costs for the Event for carnival, speaker, printing/supplies, food purchase, toys, books, personnel costs, facility rental costs, custodial costs, servers, and other miscellaneous expenses relating to the Event as described in Exhibit "A", attached hereto and incorporated herein, and hereinafter referred to as the "Project".

2. County will use its best efforts to provide said funds to Medical Society 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 "B", which are required for each and every reimbursement requested by Medical Society. Said information shall list each invoice paid by Medical Society and shall include the vendor invoice number; invoice date; and the amount paid by Medical Society along with the number and date of the respective check or proof of payment for said payment. Medical Society shall attach a copy of each vendor invoice paid by Medical Society 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, Medical Society's Program Administrator and Project Financial Officer shall certify the total funds spent by Medical Society on the Project and shall also certify that each vendor invoice, as listed on the Contractual Services Purchases Schedule was paid by Medical Society and approved by Medical Society as indicated.

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

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

8. The term of this Agreement shall be until October 31, 2008, commencing upon the date of execution by the parties hereto.

9. The parties agree that, in the event Medical Society is in default of its obligations under this Agreement, the County shall provide Medical Society thirty (30) days written notice to cure the default. In the event Medical Society 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 Medical Society for the Project deemed to be in default and Medical Society shall return any County RAP funds already collected by Medical Society 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. Medical Society shall complete the Project by July 31, 2008, and invoices and checks submitted for reimbursement must be dated within the project time frame of February 1, 2008, through July 31, 2008. Medical Society shall provide its final reimbursement request(s), including a project completion statement and reimbursement documentation as indicated in Section 2 above on or before October 31, 2008. Upon written notification to County at least ninety (90) days prior to that date Medical Society may request an extension beyond this period for the purpose of completing the Project. County shall not unreasonably deny Medical Society' request for said extension.

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

13. Medical Society 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 Medical Society. 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 Medical Society 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, Medical Society 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 Medical Society, 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 Medical Society is eligible to receive reimbursement from the County.

17. Upon request by County, Medical Society shall demonstrate financial accountability through the submission of acceptable financial audits performed by an independent auditor.

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

19. The County and Medical Society 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, Medical Society 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 Medical Society:

President T. Leroy Jefferson Medical Society, Inc. 777 South Flagler Drive, West Tower, Suite 800 West Palm Beach, Fl 33401

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:

By:

PALM BEACH COUNTY, FLORIDA, BY ITS **BOARD OF COUNTY COMMISSIONERS**

By: **Deputy Clerk** Commissioner Addie L. Greene, Chairperson WITNESS T. LEROY JEFFERSON MEDIICAL SOCIETY, INC. Binol. FEL Number: <u>33-1007795</u> By MONICA A. MERY Name (Type or Print) Notary Public, State of Florida ~~ Commission# DD680675 My comm. expires May 31, 2011 Signature APPROVED AS TO TERMS AND APPROVED AS TO FORM AND LEGAL SUFFICIENCY CONDITIONS By: (**County Attorney**

Dennis L. Eshleman, Director Parks and Recreation Department G.I-

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

BACKGROUND INFORMATION

Name and address of Agency Agency Name: T. Leroy Jefferson Medical Society, Inc. Mailing Address: 777 South Flagler Drive, West Tower, Suite 500, West Palm Beach, Fl 33401 Federal Employer Identification Number: 33-1007795 Name of Prosident: Dr Patricia Sherron Name of Executive Director: Project/Project Liaison Information: Name: Scott School CURTIS SCOTT MD Telophone #: Purpose/Mission of Agency; A group of dedicated doctors bonding together to empower the underserved population in our community through education, advocacy and guidance, to create a spirit of wellness and convey the benefits of total well being through the prevention and intervention services in the community. PROJECT/PROGRAM INFORMATION Name of Project/Program: Eighth Annual Community Health Fair Project/ Program Description To assist the underserved by providing an environment to General (Project Scope) enhance total well being and improve general health of both the 1. 2. community and families through Screening, education, recreational and entertainment activities, to include Public Purpose: an address by Dr. Ben Carson (inclivational speaker). Games, Carnival, Booths, Balloon artist, Bounce house, Clown, Face painting, aerobics, music, Food, Treats and Special Prizes. Location: Dr. Mary McLeod Bethune Elementary School (1501 Ave U, Riviera Beach) Anticipated Number of Participants/Users: more than one thousand ø List anticipated broad categories oſ Project/Program, Elements: З. Expenditure Items such as capital outlay, contractual services, personnel costs, operational expenses, equipment, and "Other Miscellaneous" Project/Program expenses". Do not include expenditure line Item budget/ amounts. Carnival, Speaker, Printing/supplies, Food purchase, .oys/books. Paid employees, Lease/ custodial/servers. T-shirts Estimated Lump Sum Total for Project/Program \$59,000.00 4. Project/Program Initiation date (date of first involce which for 5. reimbursement will be requested) and anticipated End date (date which all involoes peid). and project/program Feburary 1st 2008 will be completed MAY 31ST 2008 10month/day/year month/day/year (Note: Involces 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. <u>Do not submit reimbursement documentation</u> until after the Agreement is approved. Please note that all involces and checks must be deterd within the project/organized time former as noted shows AND must be dated within the project/program time frame as noted above AND Categories for Project/Program Elements must be listed in Section 3 in order to be eligible for RAP reimbursement. Required Attachments: Certificate of Insurance waived by PBC Risk Maragement 6. \$ 5.000 Amount of Recreation Assistance Program Funding awarded District (filled in by County) a sea a tradición de la participación de la serie de la participación de la companya de la participación de la Form available online by request. Contact Subur Yingor at evincer@phcaoy.com EXHIBIT A Paur 1



PALM BEACH COUNTY PARKS AND RECREATION DEPARTMENT

EXHIBIT B

CONTRACT PAYMENT REQUEST

Date

		•	Date	•			
	• • • • • •						
Grantee:		. <u></u>	Project Name:				
Submission #:	· · · · · · · · · · · · · · · · · · ·		Reimbursement Period:				
tem		<u>Key</u> 1	Project Costs This Submission	Cumulative Project Costs			
Contractual Servic	ces	(C)					
Salary & Wages (% of salaries)	(S)					
Materials, Supplie	s, Direct Purchases	(M)					
Equipment		(E)					
Travel	• • •	(T)	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
ndirect Costs	· ·			<u></u>			
	•	(I) .		, , , , , , , , , , , , , , , , ,			
	TOTAL PROJECT COSTS						
Key Legend	C = Contractual Services S = Salary & Wages M = Materials, Supplies, Direct Purc E = Equipment T = Travel I = Indirect Costs		·····	• •			
expenses were i	ereby certify that the above incurred for the work identified hed in the attached progress	as	been maintained as red	certify that the documentati quired to support the projec ive and is available for audi	t i		
Administrator	Date		Financial Officer	Date			
	•						
	<u></u>	PE	BC USE ONLY	<u></u>	;		
Cou	inty Funding Participation		\$				
Tota	al Project Costs To Date:		\$				
Cou	inty Obligation To Date		\$				
Cou	inty Retainage (%)		\$	<u>.</u>			
Cou	inty Funds Previously Disburse	:d	\$				
Cou	inty Funds Due this Billing		\$				
Rev	viewed and Approved By:			Date			
	· · ·		ect Administrator				
	<u> -</u>	Departme	nt Director	Date	Date		

Page <u>1 of</u>

	Key Legend C = Contractual Services S = Salary & Wages M = Materials, Supplies, Direct Purchases E = Equipment T = Travel I = Indirect Costs			PARK CONTRAC	PALM BEACH S AND RECREAT TUAL SERVICES	ION DEPARTMEN PURCHASE SCHE	EXHIBIT B		
						Da	le		
		Grantee:	·			Proje	ect Name:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	. ·	Submittal #:				Cont	ract Reimburseme	nt Period:	
	•			Check or V	/oucher	Invo	vice		· · ·
#	Payee (Vendor/Contract	o r)	Key	Number	Date	Number	Date	Amount	Expense Description
1								·	
2	· · · · · ·		<u> </u>		······································	<u></u>			······
3		· · <u>-</u>			· · · ·		· · ·		
4	- · · · · · · · · · · · · · · · · · · ·					·····			· · ·
5						<u></u>		· · · · · · · · · · · · · · · · · · ·	
6			<u> </u>			•	·····		
7			·		·····	<u></u>			
8					fa <u>. /</u>			<u></u>	
9	<u> </u>	<u> </u>		·	-,	<u> </u>	·		
10								<u>.</u>	
11		······································		<u></u>	•		<u></u>		
12	· ·				· · · · · · · · · · · · · · · · · · ·				
13							·		
14			<u></u>			<u> </u>	· · · · · · · · · · · ·	<u></u>	
15	· · · ·		<u> </u>	·					
16	· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>	·····				
10			<u> </u>				TOTAL \$		
							I U I AL Ø	· · · · · · · · · · · · · · · · · · ·	

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

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.

• .

Administrator

Date

G:\SYINGER\FORMS\3 Pg - Exhibit B.xls

Page 2 of

Date

	Key Leg C = Contractual Service S = Salary & Wages M = Materials, Supplies E = Equipment T = Travel I = Indirect Costs	es		P CONT	ARKS AND REC RACTUAL SER	EACH COUNTY REATION DEP ICES PURCHA	ARTMENT	EXHIBIT B (cont'd.)	
			Check or	Voucher	Invoi	ce			
Payee (Vende	or/Contractor)	Key	Number	Date	Number	Date	Amount	Expense Descript	tion
		· · · ·	·						
					<u> </u>			·	
·			<u></u>			<u> </u>	<u></u>		
<u> </u>						<u> </u>			· · · · · · · · · · · · · · · · · · ·
<u></u>		<u> </u>	· · · ·				<u></u>	······································	
<u></u>	· · · · · · · · · · · · · · · · · · ·				·	<u></u>			
·									
			· · · · · · · · · · · · · · · · · · ·	<u> </u>		·	·		·
	•	<u> </u>		<u></u>	-		*-***		
		· · · · · · · · · · · · · · · · · · ·				·		· · · · · · · · · · · · · · · · · · ·	
<u> </u>						<u> </u>			
•						<u></u>			
<u></u>	<u></u>			<u></u>		. <u></u>	· · · · · · · · · · · · · · · · · · ·		
<u></u> .					<u> </u>		· · · · · · · · · · · · · · · · · · ·		
<u></u>		••••••••••••••••••••••••••••••••							
								· · · · · · · · · · · · · · · · · · ·	·
					<u></u>				<u>, , , , , , , , , , , , , , , , , , , </u>
						TOTAL \$			
Certification: accomplishin	I hereby certify that th g this project.	e purchases no	ted above were	e used in	Certification: I other purchasin reported above	nereby certify tha g documentatior and are availabl	at bid tabulations, exe have been maintair e for audit upon requ	ecuted contract, cancelled checks, and ned as required to support the costs uest.	
		· ·							· · ·
			Date			Financial Officer		Date	

Page <u>3 of</u>

RE: T. Leroy Jefferson Medical Society

Dick Cohen

Sent: Wednesday, June 18, 2008 3:25 PM

To: Susan Yinger

Cc: Veronica Kinnett

I think it best to remove Sec 16 to avoid issues with CDC and/or CAO. This email will serve as Risk Mgm't approval to do so

From: Susan Yinger Sent: Wednesday, June 18, 2008 3:20 PM To: Dick Cohen Cc: Veronica Kinnett Subject: RE: T. Leroy Jefferson Medical Society

Hi Dick,

I believe they really don't carry liability insurance for their community educational programs because of the nature of the not-for-profit - I think it's only a handful of people. The allocation was made by Commissioner Greene's office before the event, but they told her they were getting insurance from the School Board and Shirley Meeks didn't realize that this form of insurance didn't meet our standard requirements. The organization told me that they had purchased the special one day event insurance and since the policy included liability they thought they were okay.

They were trying to do the right thing, it just didn't get run by me until after the fact. I don't like it when this happens.

I'm attaching the Agreement for your review. In light of the nature of the coverage, do you think the language needs to be changed? Or should I just eliminate the insurance section from the Agreement altogether?

Please advise. Thanks.

Susan

From: Veronica Kinnett Sent: Wednesday, June 18, 2008 2:45 PM To: Susan Yinger Subject: FW: T. Leroy Jefferson Medical Society

Veronica Kinnett Fiscal Specialist II Parks & Recreation Department 2700 6th Avenue South Lake Worth, FL 33461 (561) 966-6637 fax (561) 242-7060

From: Dick Cohen Sent: Wednesday, June 18, 2008 9:36 AM To: Veronica Kinnett

https://webmail.pbcgov.org/owa/?ae=Item&t=IPM.Note&id=RgAAAACYEmWL7M1ET... 6/18/2008