

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Capital Expenditures					
Operating Costs	<u>1,872,471</u>				
External Revenues					
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	<u>1,872,471</u>				

ADDITIONAL FTE POSITIONS (Cumulative) _____

Is Item Included in Current Budget? Yes No

Budget Account No.: Fund 001 Dept 741/740 Unit Var _____ Object Var _____
 Program Code _____

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

- Early Learning Coalition, 741-2501, \$285,000
- Center for Family Services, 741-2510, \$134,278
- Mae Volen Senior Center, 741-2503, \$1,200,000
- Center for Information & Crisis Services/211, 740-2039, \$96,443 & 741-2507, \$156,750

C. Departmental Fiscal Review: *EW*

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

Atwill 11-4-08
 OFMB
 (NO) 10/20
 im 10/30
 en 10/20/08

Jim J. Jacoby 11/3/08
 Contract Dev. and Control
 E. Jones 11/3/08

B. Legal Sufficiency:

J. [Signature] 11/5/08
 Assistant County Attorney

These Amendments comply with our review requirements.

C. Other Department Review:

Department Director

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

**AMENDMENT TO OTHER COUNTY SPONSORED
CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE**

THIS AMENDMENT TO THIS OTHER COUNTY SPONSORED CONTRACT (R2007 2170, December 4, 2007) made and entered into at West Palm Beach Florida, on this ____ day of _____ 2008 by and between PALM BEACH COUNTY, hereinafter referred to as "COUNTY" and Early Learning Coalition 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 2300 High Ridge Road, Boynton Beach, Fl. 33426

WITNESSETH:

WHEREAS, the parties entered in a contract on December 4, 2007, which provided for annual extension.

WHEREAS, the parties desire to exercise the option to extend the contract for one additional year (FY'09) to September 30, 2009.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract is hereby extended as follows:

- I. The contract is extended through September 30, 2009.
- II. A new Scope of Work & Outcomes Indicators Exhibit "A1" for FY '09 is attached hereto and made a part hereof showing new or revised outcomes and definition of service supersedes and replaces the original Scope of Work & Outcomes Indicators Exhibit "A" for the fiscal year 2009.
- III. A new Budget Exhibit "B1" showing the new total budget for funding and revised unit of service definition and/or costs for FY '09 is attached hereto and made a part hereof.
- IV. Article 3 of the contract is amended to reflect that the total not to exceed amount for FY '09 is Two Hundred and Eighty five Thousand (\$285,000.00).

V. The following provision is hereby added to the contract as an additional requirement:

It is the policy of the COUNTY that all agencies receiving funding through the Financially Assisted Agencies Program must complete the Agency Certification process developed by Nonprofits First (NPF) or make significant progress towards achievement of certification standards if they received funding in 2008. To comply with this policy, AGENCY shall, by August 1, 2009, either provide proof of final certification under the 2007 standards or documentation that the AGENCY has completed at least one on-site review. AGENCY shall agree to timelines as established by NPF regarding 1:1 meetings, on-site reviews, submission of documents and any other areas relating to the certification process. Additionally, if NPF recommends that an agency attend a workshop in an area related to the certification process, the agency must attend. The on-site review will be based entirely on the self-assessment completed by the AGENCY in accordance with its 2008 contractual agreement with the COUNTY. An AGENCY may also show compliance with this requirement by providing documentation from NPF that AGENCY is making diligent progress toward receiving certification.

AGENCY understands that these requirements are considered necessary if additional funding is provided to AGENCY under a COUNTY contract. AGENCY will be expected to continue the certification process and to satisfy any related provisions agreed upon in this contract amendment.

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 this Amendment remain in full force and effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the parties hereto have caused this three (3) page Amendment to be executed by their officials thereupon duly authorized.

ATTEST:

Sharon R. Bock, Clerk & Comptroller

**PALM BEACH COUNTY, FLORIDA, a
Political Subdivision of the State of
Florida**

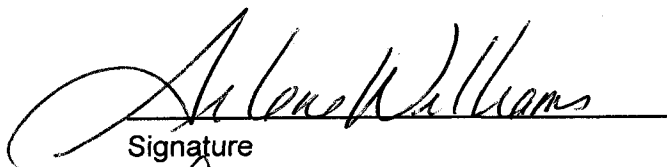
BOARD OF COUNTY COMMISSIONERS

BY: _____
Clerk & Comptroller

BY: _____
Chairperson,

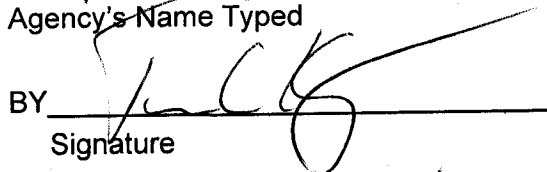
WITNESS:

AGENCY:


Signature

Early Learning Coalition of PBC
Agency's Name Typed

Arlene Williams
Name Typed

BY 
Signature

65-0974035
Agency's Federal ID Number

Traver Gruen-Kennedy
Agency's Signatory Name Typed

Board Chair
Agency's Signatory Title Typed

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

**APPROVED AS TO TERMS AND CONDITIONS
Department of Community Services**

Assistant County Attorney

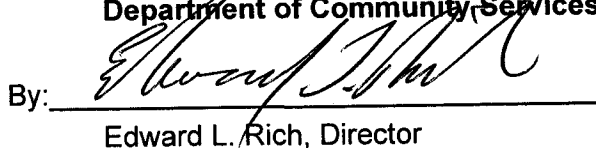
By: 
Edward L. Rich, Director

EXHIBIT "A1"
SCOPE OF WORK & OUTCOMES INDICATORS
2008-09 Other County Sponsored
Agency Name: Early Learning Coalition

The Early Learning Coalition of Palm Beach County, Inc. (ELC) is a non-profit organization created under Section 411.01 F.S. in order to provide a comprehensive integrated system of early child care and education for children and their families in Palm Beach County. The Coalition receives its primary funding from the Agency for Workforce Innovation, Office of Early Learning. The amount of funding for FY 08-09 is \$40, 615, 593.00 which consists of Federal (80%) and General Revenue (20%).

Based on child eligibility criteria, ELC has numerous funding categories. Children in these categories are fully funded except for the Working Poor Category which is funded at 94% in accordance with general appropriations act proviso language. There is no threshold for the local match. This category requires a full 6% match for every dollar expended.

Through its fiscal year 2008-09 budget hearings, the Palm Beach County Board of County Commissioners reviewed and approved a funding commitment of \$285,000.00 for the ELC to provide subsidized child day care services to approximately 5,075 children of working poor families. This amount in addition to other dollars from local municipalities and the Children's Services Council, will allow ELC to provide the additional 6% local match dollars for the Working Poor and/or leverage additional State funds through the Child Care Executive Partnership Program (CCEP).

Measurable Outcome:

1. Submit a Report of Outcomes within 15 days of the end of the service period, October 1, 2008-June 30, 2009 that reflects the Agency's progress in attaining its goals of serving 5,075 children of working poor families as outlined in the Scope of Work, Exhibit "A1."

EXHIBIT "B1"

REIMBURSABLE EXPENSES ONLY
SCHEDULE FOR PAYMENT AND BUDGET DATA
OTHER COUNTY SPONSORED CONTRACT
FY2008-09

Service/Program: Child Care Subsidy

<u>MONTH OF</u>	<u>BILLING RATE</u> <u>1/3rd OF ALLOCATION</u>
OCTOBER, 2008-DECEMBER 2008	\$ 95,000.00
JANUARY 2009- MARCH 2009	\$ 95,000.00
APRIL 2009-JUNE 2009	\$ 95,000.00

MAXIMUM AMOUNT AUTHORIZED \$ 285,000.00

BUDGET DATA

Payment will be made only for budgeted categories up to the maximum amount set forth below:

<u>COST CATEGORY</u>	<u>AUTHORIZED AMOUNT</u>
1.Salaries & Benefits	\$
2.Travel	\$
3.Building/Occupancy	\$
4.Communications/Utilities	\$
5.Printing & Supplies	\$
6.Food Service	\$
7.Other (Child Care Subsidy)	\$285,000.00
8.Equipment	\$

MAXIMUM AMOUNT REIMBURSABLE EXPENSES \$ 285,000.00

All reimbursable expenses shall be reimbursed only at cost.

Reimbursable expenses shall mean the actual expenses as authorized by the COUNTY pursuant to this Contract, and reasonably incurred by the AGENCY directly in connection with the AGENCY'S performance of its duties and Scope of Work pursuant to this Contract.

No reimbursements will be made under this contract for any primary medical care (treatment of physical injury or conditions).

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 08/07/2008
PRODUCER (561)278-0448 FAX (561)278-2391 Weekes & Callaway, Inc. 777 East Atlantic Ave. Ste 300 Delray Beach, FL 33483 Tonya Morrison	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 Early Learning Coalition of Palm Beach Co., Inc 2300 High Ridge Rd. Boynton Beach, FL 33426	INSURERS AFFORDING COVERAGE	
	INSURER A: Philadelphia Insurance Co.	NAIC # 18058
	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	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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PHPK323354	08/31/2008	08/31/2009	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 <input 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	PHPK323354	08/31/2008	08/31/2009	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 EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$
	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 Employee Dishonesty / Forgery & Alteration	PHPK323354	08/31/2008	08/31/2009	Blanket: \$50,000 \$50,000 Deductible: \$500 Each

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Palm Beach County Board of County Commissioners is named as Additional Insured with respect to General Liability.

CERTIFICATE HOLDER Palm Beach County Board of County Commissioners Political Subdivision of the State of FL 810 Datura Street West Palm Beach, FL 33402	CANCELLATION 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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Rose McEwen, CIC/TMORRI <i>Rose McEwen</i>
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ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
07/09/2008

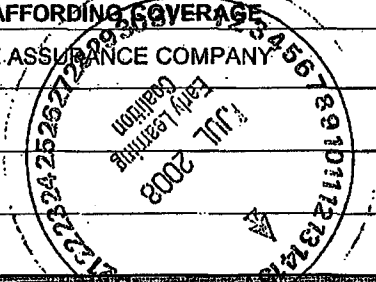
PRODUCER
AON RISK SERVICES, INC. OF FLORIDA
 1001 BRICKELL BAY DRIVE, SUITE #1100
 MIAMI, FL 33131-4937
 PHONE: 800-743-8130 FAX: 800-522-7514

Serial #: A33561

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
 ADP TOTALSOURCE, INC.
 10200 SUNSET DRIVE
 MIAMI, FL 33173
 ALTERNATE EMPLOYER:
EARLY LEARNING COALITION OF PB

COMPANIES AFFORDING COVERAGE	
COMPANY A	AMERICAN HOME ASSURANCE COMPANY
COMPANY B	
COMPANY C	
COMPANY D	



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 type="checkbox"/> INCL <input type="checkbox"/> EXCL	WC 5881068 FL	07/01/2008	07/01/2009	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 ALL EMPLOYEES WORKING FOR THE ABOVE NAMED CLIENT COMPANY, PAID UNDER ADP/TOTALSOURCE, INC.'S PAYROLL, WILL BE COVERED UNDER THE ABOVE STATED POLICY. *THE ABOVE NAMED CLIENT IS AN ALTERNATE EMPLOYER UNDER THIS POLICY.

CERTIFICATE HOLDER
 EARLY LEARNING COALITION OF PALM BEACH COUNTY, INC
 2300 HIGH RIDGE ROAD
 BOYNTON BEACH, FL 33426

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

**AMENDMENT TO FINANCIALLY ASSISTED AGENCIES
CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE**

THIS AMENDMENT TO THE FINANCIALLY ASSISTED AGENCIES CONTRACT (R2007 2065, November 20, 2007) made and entered into at West Palm Beach Florida, on this _____ day of _____ by and between PALM BEACH COUNTY, hereinafter referred to as "COUNTY" and **211 Palm Beach/Treasure Coast, Inc.** hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is P.O. Box 3588, Lantana, Fl 33465-3588.

WITNESSETH:

WHEREAS, the parties entered in a contract on **November 20, 2007** which provided for annual extension.

WHEREAS, the parties desire to exercise the option to extend the contract for one additional year (FY'09) to September 30, 2009.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract is hereby extended as follows:

- I. The contract is extended through September 30, 2009.
- II. A new Scope of Work & Outcomes Indicators Exhibit "A1" for FY '09 is attached hereto and made a part hereof showing new or revised outcomes and definition of service supersedes and replaces the original Scope of Work & Outcomes Indicators Exhibit "A" for the fiscal year 2009.
- III. A new Budget Exhibit "B1" showing the new total budget for funding and revised unit of service definition and/or costs for FY '09 is attached hereto and made a part hereof.
- IV. Article 3 of the contract is amended to reflect that the total not to exceed amount for FY '09 is **TWO HUNDRED AND FIFTY THREE THOUSAND ONE HUNDRED AND NINETY THREE DOLLARS (\$253,193.00)**

V. The following provision is hereby added to the contract as an additional requirement:

It is the policy of the COUNTY that all agencies receiving funding through the Financially Assisted Agencies Program must complete the Agency Certification process developed by Nonprofits First (NPF) or make significant progress towards achievement of certification standards if they received funding in 2008. To comply with this policy, AGENCY shall, by August 1, 2009, either provide proof of final certification under the 2007 standards or documentation that the AGENCY has completed at least one on-site review. AGENCY shall agree to timelines as established by NPF regarding 1:1 meetings, on-site reviews, submission of documents and any other areas relating to the certification process. Additionally, if NPF recommends that an agency attend a workshop in an area related to the certification process, the agency must attend. The on-site review will be based entirely on the self-assessment completed by the AGENCY in accordance with its 2008 contractual agreement with the COUNTY. An AGENCY may also show compliance with this requirement by providing documentation from NPF that AGENCY is making diligent progress toward receiving certification.

AGENCY understands that these requirements are considered necessary if additional funding is provided to AGENCY under a COUNTY contract. AGENCY will be expected to continue the certification process and to satisfy any related provisions agreed upon in this contract amendment.

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 this Amendment remain in full force and effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the parties hereto have caused this three (3) page Amendment to be executed by their officials thereupon duly authorized.

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: _____
Chair

WITNESS:

Mary G. Williams
Signature

AGENCY:
211 Palm Beach/Treasure
Coast, Inc

Agency's Name Typed

Mary G. Williams

Name Typed

BY: Susan K. Buza
Signature

23-7153017
Agency's Federal ID Number

Susan K. Buza
Agency's Signatory Name Typed

Executive Director
Agency's Signatory Title Typed

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

**APPROVED AS TO TERMS AND CONDITIONS
Department of Community Services**

Assistant County Attorney

By: _____
Edward L. Rich, Director

EXHIBIT "A1"
SCOPE OF WORK & OUTCOMES INDICATORS
2009 FINANCIAL ASSISTANCE CONTRACT
Agency Name: 211 Palm Beach/Treasure Coast

Elder Crisis Outreach

The primary goal of Elder Crisis Outreach will be to help maintain older adults in the least restrictive environment possible while encouraging the highest level of self-determination. Program activities are short term, in-home outreach services to individuals who may be experiencing physical illness, difficulty meeting basic needs, bereavement, financial hardships, social isolation, victimization, emotional distress, or suicidal ideation. Services include suicide evaluation, general assessment, supportive counseling, goal setting and care plan development.

Outcome Indicators:

1. *75% of 432 clients will have their crisis situations stabilized.*
2. *80% of 432 clients will have one or more of their identified needs met.*
3. *90% of 432 will become aware of appropriate sources of assistance.*

**SERVICE/PROGRAM TO BE PROVIDED FY 2009
FINANCIAL ASSISTANCE CONTRACT**

Agency: 211 Palm Beach/Treasure Coast

Program Name and Definition of Unit of Service	Unit Cost	Total Cost Of Service
Service/Program: Elder Crisis Outreach A unit of service is defined as one hour of staff service time.	28.07	96,443
Service/Program: 211 Palm Beach A unit of service is defined as one hour of service availability.	102.69	156,750
<u>TOTAL CONTRACT</u>		<u>253,193</u>

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 1/9/2008
PRODUCER (561) 655-5500 Wells Fargo Insurance Services Southeast, Inc. 2054 Vista Parkway, Suite 400 West Palm Beach, FL 33411-2718	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 211 Palm Beach/Treasure Coast, Inc. 415 Gator Drive, Inc. (Real Estate Holding Co.) 415 Gator Drive P.O. Box 3588 Lantana, FL 33465	INSURERS AFFORDING COVERAGE INSURER A: Auto-Owners Insurance Co INSURER B: Star Insurance Company INSURER C: Admiral Insurance Company INSURER D: INSURER E:	NAIC #

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	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 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	7270157508	3/31/2008	3/31/2009	EACH OCCURRENCE \$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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				
A		AUTOMOBILE LIABILITY <input 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	7270157508	3/31/2008	3/31/2009	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 <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC0252662	1/1/2008	1/1/2009	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
		E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000				
C		OTHER Professional Liability	EO00000704901	7/1/2007	3/31/2009	Per Claim/Aggregate \$1,000,000/\$3,000,000
C		Professional Liability	EO00000704901	7/1/2007	3/31/2009	Per Claim/Aggregate \$100,000/\$300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Retroactive Date for Professional Liability is 07/01/2003; Professional Liability Deductible \$2,500 per claim (indemnity & expense).
 FAX355-3863
 Certificate Holder is Additional Insured for General Liability coverage (Excluding Products and Completed Operations) as per Auto Owners Form 55202.

CERTIFICATE HOLDER Palm Beach County Board of County Commissioners Attn: Sharon Nangle C/O Community Service Dept. 810 Datura Street West Palm Beach, FL 33401-	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 <i>C. Ray P... ..</i>
---	---

**AMENDMENT TO OTHER COUNTY SPONSORED
CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE**

THIS AMENDMENT TO THIS OTHER COUNTY SPONSORED CONTRACT

(R2007 2066, November 20, 2007) made and entered into at West Palm Beach Florida, on this _____ day of _____ 2008 by and between PALM BEACH COUNTY, hereinafter referred to as "COUNTY" and **Mae Volen Senior Center, Inc.** hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 1515 West Palmetto Park Road, Boca Raton, Florida 33486.

WITNESSETH:

WHEREAS, the parties entered in a contract on **November 20, 2007** which provided for annual extension.

WHEREAS, the parties desire to exercise the option to extend the contract for one additional year (FY'09) to September 30, 2009.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract is hereby extended as follows:

- I. The contract is extended through September 30, 2009.
- II. A new Scope of Work & Outcomes Indicators Exhibit "A1" for FY '09 is attached hereto and made a part hereof showing new or revised outcomes and definition of service supersedes and replaces the original Scope of Work & Outcomes Indicators Exhibit "A" for the fiscal year 2009.
- III. A new Budget Exhibit "B1" showing the new total budget for funding and revised unit of service definition and/or costs for FY '09 is attached hereto and made a part hereof.
- IV. Article 3 of the contract is amended to reflect that the total not to exceed amount for FY '09 is **One Million Two Hundred Thousand Dollars (\$1, 200,000.00)**.

V. The following provision is hereby added to the contract as an additional requirement:

It is the policy of the COUNTY that all agencies receiving funding through the Financially Assisted Agencies Program must complete the Agency Certification process developed by Nonprofits First (NPF) or make significant progress towards achievement of certification standards if they received funding in 2008. To comply with this policy, AGENCY shall, by August 1, 2009, either provide proof of final certification under the 2007 standards or documentation that the AGENCY has completed at least one on-site review. AGENCY shall agree to timelines as established by NPF regarding 1:1 meetings, on-site reviews, submission of documents and any other areas relating to the certification process. Additionally, if NPF recommends that an agency attend a workshop in an area related to the certification process, the agency must attend. The on-site review will be based entirely on the self-assessment completed by the AGENCY in accordance with its 2008 contractual agreement with the COUNTY. An AGENCY may also show compliance with this requirement by providing documentation from NPF that AGENCY is making diligent progress toward receiving certification.

AGENCY understands that these requirements are considered necessary if additional funding is provided to AGENCY under a COUNTY contract. AGENCY will be expected to continue the certification process and to satisfy any related provisions agreed upon in this contract amendment.

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 this Amendment remain in full force and effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the parties hereto have caused this three (3) page Amendment to be executed by their officials thereupon duly authorized.

ATTEST:

Sharon R. Bock, Clerk & Comptroller

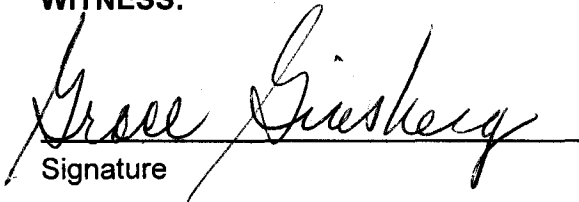
**PALM BEACH COUNTY, FLORIDA, a
Political Subdivision of the State of
Florida**

BOARD OF COUNTY COMMISSIONERS

BY: _____
Clerk & Comptroller

BY: _____
Chairperson,

WITNESS:

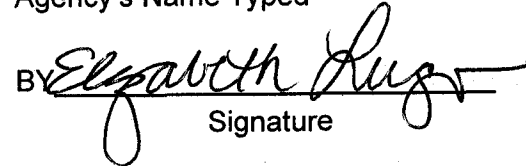

Signature

Grace Ginsberg
Name Typed

59-2695062
Agency's Federal ID Number

AGENCY:

Mae Volen Senior Center, Inc.
Agency's Name Typed

BY: 
Signature

Elizabeth Lugo
Agency's Signatory Name Typed

President/CEO
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**

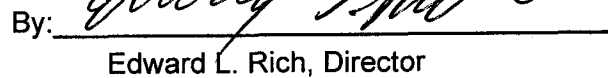
By: 
Edward L. Rich, Director

EXHIBIT "A1"

SCOPE OF WORK 2009-OTHER COUNTY SPONSORED CONTRACT Agency Name: Mae Volen Senior Center, Inc.

Transportation Unit: A one-way trip for a disabled, transportation disadvantaged elderly person. Trips are group trips that are scheduled by area of residence and point of destination. Service is available Monday through Friday. Service is available for southern Palm Beach County. Trips are provided to medical appointments and facilities, meal sites and grocery stores, adult day cares, senior centers and other locations based on driver and vehicle availability as well as funding.

In-home Services Unit: An hour of service necessary to assist clients in maintaining their ability to function in everyday life as normally and independently as possible, including services to assist with self care issues and identification of community resources and services that could support the clients' needs. These services may include, but not be limited to, providing personal care, homemaking, shopping, chores, companion, respite, escort, and home health aide.

Congregate Meal Unit: A hot, nutritiously balanced meal tailored to the dietary needs of older persons provided at strategically located meal sites. The congregate meals provided at meal sites also allow for socialization to help reduce the risk of isolation among the senior population. A unit may consist of a boxed meal when meal sites are closed for holidays or in preparation for or after a hurricane.

Home Delivered Meal Unit: A nutritiously balanced meal tailored to the dietary needs of older persons and provided to seniors who are otherwise unable to secure food sufficient enough to maintain a proper diet. Seniors who receive these meals are unable to shop for and/or prepare nutritiously balanced meals themselves, and they do not have another person who can consistently prepare nutritiously balanced meals for them. The meals include frozen or hot meals depending on the consumer's needs and may include specialized diets when needed and available. A unit may consist of a boxed meal in preparation for or after a hurricane.

Case Management Unit: An hour of time spent providing a client-centered service focusing on assisting clients and their families to identify the physical and emotional needs of the client and then arranging and coordinating those services. Case management service would also include regular monitoring of the quality and effectiveness of the services while providing continuing support addressing the changing needs of the client. Case management includes, but is not limited to, intake, information and referral, assessments, field visits and travel time, phone calls, documentation, preparation of plans of care, team meetings, trainings, continuing education, staffing, supervisory sessions and the processing of paperwork related to the clients condition and service delivery.

Adult Day Health Care Unit: A day of care provided by a licensed, adult day care facility that includes organized and therapeutic social activities that will enhance the participant's sense of well being, encourage independence, and prevent further physical and cognitive deterioration. This service can also be provided as a means of respite for a primary caregiver. This service also includes, but is not limited to, physical and psychological health monitorings, support groups for caregivers, social activities aimed at bringing caregivers and participants together as well as professional staff making social and medical referrals to appropriate agencies within the community for the participant and family members.

**SERVICE/PROGRAM TO BE PROVIDED FY 2009
OTHER COUNTY SPONSORED CONTRACT**

Agency: Mae Volen Senior Center, Inc

Program Name and Definition of Unit of Service	Unit Cost	Total Cost Of Service
<p>Service/Program: Transportation A unit of service is defined as a one-way trip for a disabled, transportation disadvantaged elderly person. Trips are provided to medical appointments and facilities, meal sites and grocery stores, adult day cares, senior centers and other locations based on driver and vehicle availability as well as funding.</p>	20.00	956,000
<p>Service/Program: In-Home Services An hour of service necessary to assist clients in maintaining their ability to function in everyday life as normally and independently as possible, including services to assist with self care issues and identification of community resources and services that could support the clients' needs. These services may include, but are not limited to, providing personal care, homemaking, shopping, chores, companion, respite, escort, and home health aide.</p>	24.00	5,000
<p>Service/Program: Congregate Meals A unit of service is defined as a hot, nutritiously balanced meal. A unit may consist of a boxed meal when meal sites are closed for holidays or in preparation for or after a hurricane.</p>	6.00	10,000
<p>Service/Program: Home Delivered Meals A unit of service is defined as a nutritiously balanced meal tailored to the dietary needs of older persons and provided to seniors who are otherwise unable to secure food sufficient enough to maintain a proper diet. The meals include frozen or hot meals depending on the consumer's needs and may include specialized diets when needed and available. A unit may consist of a boxed meal in preparation for or after a hurricane.</p>	6.00	10,000

**SERVICE/PROGRAM TO BE PROVIDED FY 2009
OTHER COUNTY SPONSORED CONTRACT**

Agency: Mae Volen Senior Center, Inc

Program Name and Definition of Unit of Service	Unit Cost	Total Cost Of Service
<p>Service/Program: Case Management/Supervision A unit of service is defined as an hour of time spent providing a client-centered service focusing on assisting clients and their families to identify the physical and emotional needs of the client and then arranging and coordinating those services. Case management service would also include regular monitoring of the quality and effectiveness of the services while providing continuing support addressing the changing needs of the client. Case management includes, but is not limited to, intake, information and referral, assessments, field visits and travel time, phone calls, documentation, preparation of plans of care, team meetings, trainings, continuing education, staffing, supervisory sessions and the processing of paperwork related to the clients condition and service delivery.</p>	40.12	96,000
<p>Service/Program: Adult Day Health Care A unit of service is defined as a day of care provided by a licensed, adult day care facility</p>	50.00	123,000
<u>TOTAL CONTRACT</u>		<u>1,200,000</u>

From: Dana Hood Weekes & Callaway, Inc. 101-1001-000-0000

ACORD CERTIFICATE OF LIABILITY INSURANCE

01/29/2008

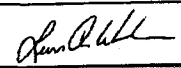
PRODUCER (561)278-0448 FAX (561)278-2391 Weekes & Callaway, Inc. 777 East Atlantic Ave. Ste 300 Delray Beach, FL 33483 Dana Hood:ks	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Mae Volen Senior Center, Inc. 1515 W. Palmetto Park Rd. Boca Raton, FL 33486	INSURER A: ARCH Insurance Co	11150
	INSURER B: Bridgefield Employers Ins Co	10701
	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 CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blkt Addl Insd End <input checked="" type="checkbox"/> Professional Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	NCTKG00236-00	01/27/2008	01/27/2009	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000
	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	NCAUTO00236-00	01/27/2008	01/27/2009	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 \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	NCUMB0236-00	01/27/2008	01/27/2009	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	0830-26332	01/01/2008	01/01/2009	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	OTHER Fidelity Bond	NCPKG00236-00	01/01/2008	01/01/2009	\$250,000 subject to \$1,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Ten (10) Day notice of cancellation in the event of non-payment.
 Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents c/o Department of Community Services are listed as additional insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER Palm Beach County c/o Community Services Department Attn: Sharon O'Neill 810 Datura Street West Palm Beach, FL 33401	CANCELLATION 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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Leon A. Weekes/KSTEGN 
---	--

ACORD 25 (2001/08) FAX: (561)355-3863

©ACORD CORPORATION 1988

**AMENDMENT TO OTHER COUNTY SPONSORED
CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE**

THIS AMENDMENT TO THE FINANCIALLY ASSISTED AGENCIES CONTRACT
(R 2007 1928, November 6, 2007) made and entered into at West Palm Beach Florida, on this ____ day of _____, 2008 by and between PALM BEACH COUNTY, hereinafter referred to as "COUNTY" and **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 4101 Parker Avenue, West Palm Beach, Fl 33405.

WITNESSETH:

WHEREAS, the parties entered in a contract on **November 6, 2007**, which provided for annual extension.

WHEREAS, the parties desire to exercise the option to extend the contract for one additional year (FY'09) to September 30, 2009.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract is hereby extended as follows:

- I. The contract is extended through September 30, 2009.
- II. A new Scope of Work & Outcomes Indicators Exhibit "A1" for FY '09 is attached hereto and made a part hereof showing new or revised outcomes and definition of service supersedes and replaces the original Scope of Work & Outcomes Indicators Exhibit "A" for the fiscal year 2009.
- III. A new Budget Exhibit "B1" showing the new total budget for funding and revised unit of service definition and/or costs for FY '09 is attached hereto and made a part hereof.
- IV. Article 3 of the contract is amended to reflect that the total not to exceed amount for FY '09 is **One Hundred Thirty-Four Thousand, Two Hundred and Seventy-Eight Dollars (\$ 134,278.00).**

V. The following provision is hereby added to the contract as an additional requirement:

It is the policy of the COUNTY that all agencies receiving funding through the Financially Assisted Agencies Program must complete the Agency Certification process developed by Nonprofits First (NPF) or make significant progress towards achievement of certification standards if they received funding in 2008. To comply with this policy, AGENCY shall, by August 1, 2009, either provide proof of final certification under the 2007 standards or documentation that the AGENCY has completed at least one on-site review. AGENCY shall agree to timelines as established by NPF regarding 1:1 meetings, on-site reviews, submission of documents and any other areas relating to the certification process. Additionally, if NPF recommends that an agency attend a workshop in an area related to the certification process, the agency must attend. The on-site review will be based entirely on the self-assessment completed by the AGENCY in accordance with its 2008 contractual agreement with the COUNTY. An AGENCY may also show compliance with this requirement by providing documentation from NPF that AGENCY is making diligent progress toward receiving certification.

AGENCY understands that these requirements are considered necessary if additional funding is provided to AGENCY under a COUNTY contract. AGENCY will be expected to continue the certification process and to satisfy any related provisions agreed upon in this contract amendment.

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 this Amendment remain in full force and effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the parties hereto have caused this three (3) page Amendment to be executed by their officials thereupon duly authorized.

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: _____
Chairperson

WITNESS:



Signature


AGENCY:

The Center for Family Services of
Palm Beach County, Inc.

Agency's Name Typed

Judith E. Delman

Name Typed

BY 

Signature

59-1084179

Agency's Federal ID Number

Dorla Leslie

Agency's Signatory Name Typed

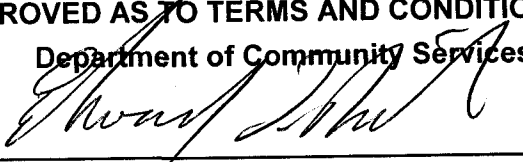
Executive Director

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

EXHIBIT "A1"
SCOPE OF WORK & OUTCOMES INDICATORS
2009 FINANCIAL ASSISTANCE CONTRACT
Agency Name: The Center for Family Services, Inc.

Adolescent and Adult DUI/Early Intervention

The Center for Family Services (CFS) Recovery Program operates a multi-level outpatient service that provides assessment, referral, case management, outpatient/school based prevention, early intervention and outpatient treatment to individuals and families of Palm Beach County who have substance abuse problems. The program proposes utilization of an Early Intervention Program (EIP) in collaboration with our community partners (school board, law enforcement, probation, DUI schools and the county courts).

Outcome Indicators:

1. *90% of 48 clients discharged from the program are able to identify warning signs of substance abuse/addiction.*
2. *75% of 48 clients discharged from the program understand how to prevent further DUI and substance abuse.*
3. *65% of 48 clients discharged from the program develop a personal plan for preventing further DUI and/or substance related problems.*

Homeless Intervention Program

Palm Beach County continues to see a growing number of people sleeping in parks, under bridges, walking the streets, living in cars or sleeping from house to house with no where to go. County data indicates that single-parent households with children are especially vulnerable to becoming homeless. We currently receive many phone calls daily for various types of services and information related to homeless families in need.

Outcome Indicators:

1. *80% of 97 clients obtain emergency shelter at area motels via police drop-off or other referral sources.*
2. *85% of 97 clients access community resources.*
3. *85% of 97 clients have food, bus passes, clothing or other assistance.*

Program Reach @ Pat Reeves Village; Emergency Assistance

The goal of Pat Reeves Village/Program REACH, is to reduce the level of homelessness, and to provide services to those that are at risk for homelessness. Clients receive emergency assistance including up to thirty days of shelter, clothing, food and food vouchers, transportation passes, and personal hygiene items, referral services and intensive case management. Families are linked to educational and employment opportunities.

Outcome Indicators:

1. *50% of 193 homeless families in shelter will save at least 30% of their earnings.*
2. *40% of 193 homeless families will enter stable housing within 90 days from admission.*
3. *40% of 193 homeless families will maintain stable housing for 6 months following completion of the program.*

SAFE Kids

The SAFE Kids program is another service offered to the Center, providing therapeutic intervention for abused and neglected individuals families, and children. Our mission is to promote the emotional well being of families, stopping the cycle of abuse within family systems, restoring self-esteem and enhancing the future of our clients.

Outcome Indicators:

1. *75% of 96 clients who attend four or more sessions will be able to identify and recognize abuse or violence.*
2. *75% of 96 clients who attend three or more sessions will be able to identify ways to protect self from abuse or violence.*
3. *75% of 96 clients who attend three or more sessions will be able to identify ways to report abuse.*

Individual and Family Counseling

The scope of the program is outpatient counseling services, i.e., assessment and evaluation; treatment planning; individual, family, group and couples counseling; emergency on-call coverage; case management; and follow-up services. The target population includes any Palm Beach County resident who has a financial disadvantage and/or does not have insurance, Medicaid or mental health benefits and cannot afford to pay out-of-pocket for private therapy. The population includes children, teenagers, adults and senior citizens, who are experiencing an emotional behavioral, psychiatric, psychological and/or environmental problem.

Outcome Indicators:

1. *70% of 145 clients will learn at least one new coping skill by case closure.*
2. *70% of 145 clients will learn at least one solution to their problems by case closure.*
3. *70% of 145 clients will achieve at least 50% of their treatment goals by case closure.*

Traveler's Aid/Emergency Assistance

This program provides assistance to individuals who are homeless and need transportation back to their homes, outside of Palm Beach County.

Outcome Indicators:

1. *100 % of 72 access community resources.*
2. *100% of 72 use transportation passes to return home.*
3. *75% of 72 individuals confirmed arriving at home.*

SERVICE/PROGRAM TO BE PROVIDED FY 2009
OTHER COUNTY SPONSORED CONTRACT

Agency: The Center for Family Services of Palm Beach County, Inc.

Program Name and Definition of Unit of Service	Unit Cost	Total Cost Of Service
---	--------------	--------------------------

Service/Program: HIPPY

A unit of service is defined as one week of home instruction with the parent/caregiver. Services will include monthly group meetings and support meetings with home visitors, developmentally appropriate educational activities, parental group enrichment activities and staff training at state and national conferences.

19.61 134,278

TOTAL CONTRACT

134,278

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/9/2008

PRODUCER Phone: 561-686-2266 Fax: 561-686-2313
Brown & Brown - West Palm Beach
1401 Forum Way
Suite 400
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.

INSURED
Center for Family Services of
4101 Parker Avenue
West Palm Beach FL 33409

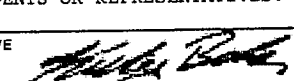
INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Philadelphia Indemnity Ins Co+	
INSURER B: Mount Hawley Ins Company +	
INSURER C:	
INSURER D:	
INSURER E:	

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 <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	PHPK296301	3/1/2008	3/1/2009	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	PHPK296301	3/1/2008	3/1/2009	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 \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	PHUB233909	3/1/2008	3/1/2009	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$ \$ WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER Property Crime Professional Liability	MCP0142401 PHPK296301 PHPK296301	3/1/2008 3/1/2008 3/1/2008	3/1/2009 3/1/2009 3/1/2009	TIV: \$4,507,295 \$5,000 5% Wind \$100,000 Ded. \$1,000 \$3,000,000 Agg Lim \$1,000,000 Each

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 *10 Days Notice of Cancellation for Non-Payment of Premium.
 Palm Beach County Board of County Commissioners are named Additional Insured with respects to General Liability as required by written contract. Umbrella Policy Follows Form.

CERTIFICATE HOLDER	CANCELLATION
Palm Beach County Board of County Commissioners 810 Datura Street West Palm Beach FL 33401	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

DATE (MM/DD/YYYY)
07/09/2008

PRODUCER
Doug Jones c/o AJG Risk Management Services, Inc.
8800 E. Chaparral Rd, Suite 230
Scottsdale, AZ 85250

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
Oasis Acquisition, Inc. etal Alt. Emp: THE CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY, INC
2054 Vista Parkway Suite 300
West Palm Beach, FL 33411

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Zurich-American Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

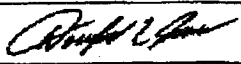
COVERAGES

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
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENT. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$
		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 (Ea accident) \$ 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 \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC 29-38-687-06	06/01/2008	06/01/2009	X WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER	Location Coverage Period:	06/01/2008	06/01/2009	Certificate#: 08FL075781291 Client#: 4163-1

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

Coverage is provided for only those employees leased to but not subcontractors of: THE CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY, INC
4101 Parker Ave
WEST PALM BEACH, FL 33405

CERTIFICATE HOLDER	CANCELLATION
PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS DEPARTMENT OF COMMUNITY SERVICES ATTN: MR ED RICH, DIRECTOR 810 DATURA ST WEST PALM BEACH, FL 33401	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 

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.