

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: December 2, 2008

Consent  
 Ordinance

Regular  
 Public Hearing

Department: Parks and Recreation

Submitted By: Parks and Recreation Department

Submitted For: Parks and Recreation Department

I. EXECUTIVE BRIEF

**Motion and Title:** Staff recommends motion to approve: Agreement with Artists Showcase of the Palm Beaches, Inc. for the period December 2, 2008, through December 30, 2009, in an amount not-to-exceed \$10,000 for funding of multi-cultural art programs.

**Summary:** This funding is to help offset costs for Artists Showcase of the Palm Beaches, Inc.'s ongoing multi-cultural art programs for at-risk youth. Approximately 200 youth participate in the programs. The Agreement allows for the reimbursement of eligible expenses incurred subsequent to October 1, 2008. Funding is from the Recreation Assistance Program (RAP) District 7 Funds. District 7 (DW)

**Background and Justification:** Artists Showcase of the Palm Beaches, Inc. is a not-for-profit organization whose purpose is to develop, promote, and coordinate the visual and performing arts and cultural activities and endeavors of African Americans and other ethnic groups. Artists Showcase offers multi-cultural art programs to at-risk youth to provide them with an opportunity to develop creative talents and abilities, develop positive self-esteem, learn about historic, cultural, and artistic contributions of others, and become productive and well-rounded citizens. The programs are provided at various locations in West Palm Beach and Riviera Beach including PACE Center for Girls, St. George Center, Inc., Palm Beach County Juvenile Detention Center, and J.A.Y. Outreach Ministries.

The total annual cost of the programs is estimated to be approximately \$56,000 for personnel costs (art instructors), art supplies, award recognition ceremonies (food, beverages, and certificates), and other miscellaneous expenses relating to the programs. The \$10,000 from District 7 RAP funding will help offset costs for the programs. The Agreement has been executed on behalf of Artists Showcase of the Palm Beaches, Inc., and now needs to be approved by the Board of County Commissioners.

Attachment: Agreement

Recommended by: \_\_\_\_\_

Department Director

11/10/08  
Date

Approved by: \_\_\_\_\_

Assistant County Administrator

11/21/08  
Date



**AGREEMENT BETWEEN PALM BEACH COUNTY AND ARTISTS SHOWCASE OF THE PALM BEACHES, INC. FOR MULTI-CULTURAL ART PROGRAMS**

**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 Artists Showcase of the Palm Beaches, Inc., a Florida not-for-profit corporation authorized to do business in the State of Florida, hereinafter referred to as "Artists Showcase".

**WITNESSETH:**

**WHEREAS**, Artists Showcase is a not-for-profit organization whose purpose is to develop, promote, and coordinate the visual and performing arts and cultural activities and endeavors of African Americans and other ethnic groups; and

**WHEREAS**, Artists Showcase offers Multi-Cultural Art Programs (the "Programs") to at-risk youth at various locations in West Palm Beach and Riviera Beach to provide them with an opportunity to develop creative talents and abilities, develop positive self-esteem, learn historic, cultural, and artistic contributions, and become productive and well-rounded citizens; and

**WHEREAS**, the Programs are offered on an on-going basis throughout the year at PACE Center for Girls, St. George, Center, Inc., Palm Beach County Juvenile Detention Center, and J.A.Y. Outreach Ministries and serve approximately two hundred (200) participants annually; and

**WHEREAS**, the Programs cost approximately \$56,000 for personnel costs (art instructors), art supplies, awards recognition ceremonies including food and beverage and certificates, and other miscellaneous expenses relating to the Programs; and

**WHEREAS**, Artists Showcase has requested that County provide \$10,000 to help offset costs for the Programs; and

**WHEREAS**, funding for Artists Showcase for the Programs in an amount not-to-exceed \$10,000 is available from The Recreation Assistance Program (RAP) – District 7; and

**WHEREAS**, recreational and cultural 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 \$10,000 to Artists Showcase for

the Programs for art instructors, art supplies, awards recognition ceremonies including food and beverage and certificates, and other miscellaneous expenses relating to the Programs, as set forth in Exhibit "A", attached hereto and incorporated herein, hereinafter referred to as the "Project".

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

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

6. Artists Showcase 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. Artists Showcase shall be responsible for the cost of operation and maintenance of the Project, including all associated costs.

8. The term of this Agreement shall be until December 30, 2009, commencing upon the date of execution by the parties hereto.

9. The parties agree that, in the event Artists Showcase is in default of its obligations under this Agreement, the County shall provide Artists Showcase thirty (30) days written notice to cure the default. In the event Artists Showcase 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 Artists Showcase for the Project deemed to be in default and Artists Showcase shall return any County RAP funds already collected by Artists Showcase 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. Artists Showcase shall complete the Project by September 30, 2009, and invoices and checks submitted for reimbursement must be dated within the project time frame of October 1, 2008, through September 30, 2009. Artists Showcase shall provide its final reimbursement request(s), including a project completion statement and reimbursement documentation as indicated in Section 2 above on or before December 30, 2009. Upon written notification to County at least ninety (90) days prior to that date Artists Showcase may request an extension beyond this period for the purpose of completing the Project. County shall not unreasonably deny Artists Showcase's request for said extension.

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

13. Artists Showcase 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 Artists Showcase. 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 Artists Showcase 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, Artists Showcase 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 Artists Showcase, 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 Artists Showcase is eligible to receive reimbursement from the County.

16. Artists Showcase shall, at its sole expense, agree to maintain in full force and effect at all times during the life of this Agreement, insurance coverages and limits (including endorsements), as described herein. Artists Showcase shall agree to provide the County with at least ten (10) day prior notice of any cancellation, non-renewal or material change to the insurance coverages. The requirements contained herein, as well as County's review and acceptance of insurance maintained by Artists Showcase are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by Artists Showcase under this Agreement.

**Commercial General Liability.** Artists Showcase shall maintain Commercial General Liability at a limit of liability not less than \$500,000 Each Occurrence.

Coverage shall not contain any endorsement excluding Contractual Liability or Cross Liability unless granted in writing by County's Risk Management Department.

Artists Showcase shall provide this coverage on a primary basis.

**Worker's Compensation Insurance & Employer's Liability.** Artists Showcase shall maintain Worker's Compensation & Employers Liability in accordance with Florida Statutes Chapter 440. Artists Showcase shall provide this coverage on a primary basis.

**Additional Insured.** Artists Showcase shall endorse the County as an Additional Insured with a CG 2026 Additional Insured - Designated Person or Organization endorsement, or its equivalent, to the Commercial General Liability. The Additional Insured endorsement shall read "Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents." Artists Showcase shall provide the Additional Insured endorsements coverage on a primary basis.

**Waiver of Subrogation.** Artists Showcase hereby waives any and all rights of Subrogation against the County, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss agreement to waive subrogation without an endorsement, then Artists Showcase shall agree to notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy when a condition to the policy specifically prohibits such an endorsement, or voids coverage should Artists Showcase enter into such an agreement on a pre-loss basis.

**Certificate(s) of Insurance.** Prior to execution of this Agreement by the County, Artists Showcase shall deliver to the County a Certificate(s) of coverage evidencing that all types and amounts of insurance coverages required by this Agreement have been obtained and are in full force and effect. Such Certificate(s) of Insurance shall include a minimum ten (10) day endeavor to notify due to cancellation or non-renewal of coverage. Certificate holder's address shall read Palm Beach County, c/o Parks and Recreation Department, 2700 Sixth Avenue South, Lake Worth, FL 33461, Attention: Administrative Support Manager.

**Right to Review.** County, by and through its Risk Management Department, in

cooperation with the contracting/monitoring department, reserves the right to review, modify, reject or accept any required policies of insurance, including limits, coverages, or endorsements, herein from time to time throughout the term of this Agreement. County reserves the right, but not the obligation, to review and reject any insurer providing coverage because of its poor financial condition or failure to operate legally.

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

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

19. The County and Artists Showcase 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, Artists Showcase 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 Artists Showcase:

President  
Artists Showcase of the Palm Beaches, Inc.  
815 Palm Beach Lakes Boulevard  
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.


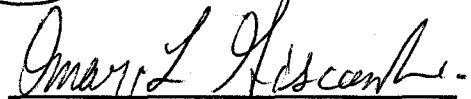
**ATTEST:**  
**SHARON R. BOCK, Clerk & Comptroller**

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

By: \_\_\_\_\_  
Deputy Clerk

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

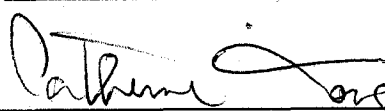
**WITNESSES:**

**ARTISTS SHOWCASE OF THE PALM BEACHES, INC.**  
**FEI Number: 65-0560738**

By: Catherine Love  
Name (Type or Print)

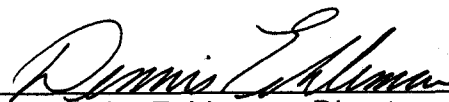
Title: President

By:   
Signature

**APPROVED AS TO FORM AND LEGAL SUFFICIENCY**

**APPROVED AS TO TERMS AND CONDITIONS**

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

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

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

Name of Agency: Artists Showcase of the Palm Beaches, Inc.  
Address: 815 Palm Beach Lakes Boulevard, West Palm Beach, FL 33401  
Employer Identification Number: 65-0560738

Name of President: Catherine Lowe  
Name of Executive Director: Project Director: Bevins Bennett, Jr.  
Project Liaison Information:

Name: Bevins Bennett, Jr.  
Telephone #: (561) 832-1323  
Fax #: (561) 775-1731  
e-mail: asotpb@bellsouth.net

**PROJECT INFORMATION**

1. Name of Project: Multi-Cultural Art Programs
2. Project Description
  - General (Project Scope): Our fun-filled educational arts programs are held at various locations in West Palm Beach and Riviera Beach. The programs focus and target at-risk youth to allow the time and opportunity to develop their creative talents and abilities, develop a positive self esteem in a safe environment, learn historic, cultural and artistic contributions to help them become productive and well-rounded citizens.
  - Public Purpose: To provides visual art making opportunities for children including knowledge of the language to critique art. Pave the way for realistic career goals in the art and other areas of endeavors and greater technical skills. Identify and track youths that would like to continue to develop their visual art talents & knowledge of visual art techniques, history & sources. Instill positive self-esteem and nurture a "can do" attitude.
  - Location and Dates of Programs: PACE center for Girls, St. George Center Inc., PB County Juvenile Detention Center, and J.A.Y. Outreach Ministries, Inc. Our programs operate throughtout the year on an on-going basis.
  - Anticipated Number of Participants/Users: 200
3. Project Elements: List anticipated broad categories of Expenditure Items such as capital outlay, contractual services, personnel costs, operational expenses, equipment, and "Other Miscellaneous Project expenses". Do not include expenditure line item budget/ amounts.
  - Art Instructors
  - Art Supplies
  - Awards Recognition Ceremonies (includes: certificates, food and refreshments)
  - Other miscellaneous expenses
4. Estimated Lump Sum Total for Project: \$56,000.00
5. Project Initiation date (date of first invoice for which reimbursement will be requested) and anticipated End date (date which project will be completed and all invoices paid). Oct. 1, 2008 to Sept. 30, 2009

Note: Invoices and copies of proof of payment documents will be required for Project/Program reimbursement after the RAP Agreement is approved by the Board of County Commissioners. Do not submit reimbursement documentation at this time. After the Agreement is approved, and the reimbursement request is submitted, all invoices and checks must be dated within the stated project time frame AND Categories for Project Elements must be listed in Section 3 above in order to be eligible for RAP reimbursement.

6. Required Attachments:
  - Certificate of Insurance X

Amount of Recreation Assistance Program Funding awarded \$ 10,000  
District 7  
(filled in by County)

Form available online by request. Contact Susan Yinger at [syinger@pbcgov.com](mailto:syinger@pbcgov.com)



PALM BEACH COUNTY  
PARKS AND RECREATION DEPARTMENT

EXHIBIT B

CONTRACT PAYMENT REQUEST

Date \_\_\_\_\_

Grantee: \_\_\_\_\_ Project Name: \_\_\_\_\_

Submission #: \_\_\_\_\_ Reimbursement Period: \_\_\_\_\_

Item	Key	Project Costs This Submission	Cumulative Project Costs
Contractual Services	(C)	_____	_____
Salary & Wages (% of salaries)	(S)	_____	_____
Materials, Supplies, Direct Purchases	(M)	_____	_____
Equipment	(E)	_____	_____
Travel	(T)	_____	_____
Indirect Costs	(I)	_____	_____
<b>TOTAL PROJECT COSTS</b>		=====	=====

Key Legend

- C = Contractual Services
- S = Salary & Wages
- M = Materials, Supplies, Direct Purchases
- E = Equipment
- T = Travel
- I = Indirect Costs

Certification: I hereby certify that the above expenses were incurred for the work identified as being accomplished in the attached progress reports.

Certification: I hereby certify that the documentation has been maintained as required to support the project expenses reported above and is available for audit upon request.

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Officer

\_\_\_\_\_  
Date

**PBC USE ONLY**

County Funding Participation \$ \_\_\_\_\_

Total Project Costs To Date: \$ \_\_\_\_\_

County Obligation To Date \$ \_\_\_\_\_

County Retainage ( \_\_\_\_\_ %) \$ \_\_\_\_\_

County Funds Previously Disbursed \$ \_\_\_\_\_

County Funds Due this Billing \$ \_\_\_\_\_

Reviewed and Approved By: \_\_\_\_\_

\_\_\_\_\_  
PBC Project Administrator

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



**Key Legend**  
 C = Contractual Services  
 S = Salary & Wages  
 M = Materials, Supplies, Direct Purchases  
 E = Equipment  
 T = Travel  
 I = Indirect Costs

**PALM BEACH COUNTY  
 PARKS AND RECREATION DEPARTMENT  
 CONTRACTUAL SERVICES PURCHASE SCHEDULE**

**EXHIBIT B**

Grantee: \_\_\_\_\_

Submittal #: \_\_\_\_\_

\_\_\_\_\_ Date

Project Name: \_\_\_\_\_

Contract Reimbursement Period: \_\_\_\_\_

#	Payee (Vendor/Contractor)	Key	Check or Voucher		Invoice		Amount	Expense Description
			Number	Date	Number	Date		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
					TOTAL \$			

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

\_\_\_\_\_  
 Administrator Date

Certification: I hereby certify that bid tabulations, executed contract, cancelled checks, and other purchasing documentation have been maintained as required to support the costs reported above and are available for audit upon request.

\_\_\_\_\_  
 Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
09/25/08

**PRODUCER** Florida United Insurance  
1849 Forum Place Suite 4B  
West Palm Beach, FL 33401  
Phone (561)932-0200 Fax (561)932-0201

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** Artist Showcase, Inc  
PO Box 158  
West Palm Beach, FL 33402  
(561) 842-3937

**INSURERS AFFORDING COVERAGE** NAIC #  
INSURER A: BURLINGTON INSURANCE GROUP  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:  
INSURER F:

### COVERAGES

THE POLICIES OF INSURANCE LISTED HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR	019B016078	03/18/08	03/18/09	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 1,000,000 PRODUCTS - COMP/OP AGG 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC				COMBINED SINGLE LIMIT (Ea accident)
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON OWNED AUTOS				BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) AUTO ONLY - EA ACCIDENT
		GARAGE LIABILITY ANY AUTO				OTHER THAN EA ACC AUTO ONLY: AGG
		EXCESSUMBRELLA LIABILITY OCCUR CLAIMS MADE				EACH OCCURRENCE AGGREGATE
		DEDUCTIBLE RETENTION \$				WC STATUTORY LIMITS OTH-ER
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
Additional insured: Palm Beach County

### CERTIFICATE HOLDER

Palm Beach County  
c/o Parks and Recreation Department  
2700 6th Avenue S  
Lake Worth, FL 33461

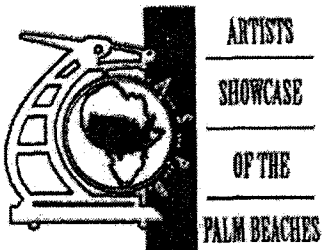
### CANCELLATION

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

*[Signature]*

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ACORD 25 (2001/06) QF



September 29, 2008

A MULTICULTURAL ART CENTER

2007 - 2008 BOARD MEMBERS

Catherine Lowe, M.D.  
Founder & President,  
Ophthalmologist

Kurtis Reid  
Vice President,  
Citibank, PB Gardens

Kalinthia Dillard  
Secretary,  
Attorney

Dr. Alice Moore  
Treasurer,  
Retired Educator

Billie Brooks  
Business Owner

Kathryn Fox-Winokur  
Retired

Hilbert L. Giscombe  
Art Patron

Mr. Dennis L. Eshleman, Director  
Department of Parks and Recreation  
2700 6th Avenue South  
Lake Worth, FL 33461

**RE: PALM BEACH COUNTY DISTRICT 7 RECREATION ASSISTANCE  
PROGRAM FUNDING FOR MULT-CULTURAL ART PROGRAMS**

Dear Mr. Eshleman:

The State of Florida does not require Artists Showcase of the Palm Beaches, Inc. to provide Workers Compensation Insurance for our one employee. If you need any more information please call us at (561) 832-1323.

On behalf of the Board of Directors and Staff of Artists Showcase, we would like to thank Commissioner Addie L. Greene, the County Commissioners and the Staff of the Department of Parks and Recreation for their continued support and interest.

Sincerely,

Catherine Lowe, President



Historic Jenkins House · 815 Palm Beach Lakes Boulevard · West Palm Beach, Fl. 33401  
Post Office Box 158 · West Palm Beach, Fl. 33402  
Office: (561) 832-1323 · Fax: (561) 775-1731 · E-mail Address: [asotpb@bellsouth.net](mailto:asotpb@bellsouth.net)  
Website Address: [artistshowcase.org](http://artistshowcase.org) \*\* *ArtisFun - Come Be A Part of Greatness* \*\*



 PALM BEACH COUNTY  
CULTURAL COUNCIL

