

Date _____

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>177,271</u>	—	—	—	—
External Revenues	—	—	—	—	—
Program Income (County)	—	—	—	—	—
In-Kind Match (County)	—	—	—	—	—
NET FISCAL IMPACT	<u>177,271</u>	—	—	—	—
# ADDITIONAL FTE POSITIONS (Cumulative)	—	—	—	—	—

Is Item Included in Current Budget? Yes X No
Budget Account No.: Fund 0001 Dept 740 Unit 2053 Object Var
Program Code

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

County Funds—Ad Valorem Equivalent

C. Departmental Fiscal Review:



III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

Amellhite 12-10-08
OFMB pm 12/10 CN 12/09/08

Dr. J. Jacob 12/11/08
Contract Dev. and Control E. Jones 12/11/08

B. Legal Sufficiency:

**This amendment complies with
our review requirements.**

J. R. D. 12/12/08
Assistant County Attorney

C. Other Department Review:

Department Director

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

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

THIS AMENDMENT TO THE FINANCIALLY ASSISTED AGENCIES CONTRACT
(R 2007 1930, 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 **Children's Home Society, Inc.**, hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 3333 Forest Hill Blvd., West Palm Beach, FL 33406.

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 Seventy-Seven Thousand, Two Hundred and Seventy-One Dollars (\$ 177,271.00).**

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:

Doreen Pires
Signature

Doreen Pires
Name Typed

59-0192430
Agency's Federal ID Number

AGENCY:

Children's Home Society
Agency's Name Typed

BY: Stephen Bardy
Signature

Stephen Bardy
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
Edward L. Rich, Director

EXHIBIT "A1"
SCOPE OF WORK & OUTCOMES INDICATORS
2009 FINANCIAL ASSISTANCE CONTRACT
Agency Name: Children's Home Society

Safe Place Project (SP)

The Safe Place Project is the educational and outreach component of the CINS/FINS (Children-in-Need of Services/Families-in-Need of Services) Program in general, and the Safe Harbor Runaway Center in particular. It also provides transportation to Safe Harbor for youth who have run away, often from abusive situations, and face life on the streets. Safe Harbor provides short-term shelter and counseling for runaway and homeless youth and their families. Education is provided in schools, community centers and other local agencies. Transportation is provided by over 100 volunteers to Safe Harbor from 170 Safe Place sites throughout Palm Beach County including 6 sites located in high risk minority neighborhoods.

Outcome Indicators:

1. 95% of 1000 youth who participate in Safe Place presentations will learn of dangers of running away.
2. 95% of 1000 youth who participate in Safe Place presentations will learn of alternatives to running away.
3. 95% of 25 youth who stay at shelter will learn new behaviors of handling problems instead of running away.

Nelle Smith Residence for Girls (NSRG):

NSRG provides adolescent girls who have been physically/sexually and emotionally abused and removed from their homes to a long term residence in which they can feel safe and learn to hope and trust again. The program offers them the security and safety in which they can concentrate on academic achievement; participate in activities that develop leadership, sportsmanship and teamwork skills; and address painful issues regarding their personal situations through counseling. Efforts are focused on managing day-to-day living through meal preparation, chores, laundry and learning to handle and budget their allowance and earnings. The goal is to assist these young women to develop into strong and competent adults in order to become contributing members of society. Ancillary services include counseling, academic tutoring, vocational guidance, basic life skills activities and recreational outings.

Outcome Indicators:

1. 80% of 9 program residents will participate in a minimum of two independent living or life skills classes a month.
2. 80% of 9 program residents will maintain a GPA of 2.0 or higher during the school year and attend at least one academic enrichment activity in the summer.
3. 80% of 9 program residents will practice safe sex or abstinence.

Transitions Home

The Transitions Home is the only group home for pregnant and parenting teens (ages 13-20) and their babies in Palm Beach County. It provides transitional housing, medical, educational, supportive services and independent living skills to young mothers, soon-to-be mothers and infants under one year of age. No other facility in Palm Beach County provides such housing and support for teens under age 18 with babies. We expect that these girls will learn to master budgeting, menu planning and food preparation, managing a home, responsible sexual behavior, job readiness and interviewing skills in order to prevent a cycle of homelessness, poverty and repeated pregnancies.

Outcome Indicators:

1. *75% of 7 clients will not become pregnant again during their stay in the program.*
2. *75% of 7 eligible clients will be in school, job training or employed during their stay in the program.*
3. *85% of 7 clients will remain drug-free during their stay in the program.*

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

Agency: Children's Home Society of Florida

Program Name and Definition of Unit of Service	Unit Cost	Total Cost Of Service
Service/Program: Nelle Smith Residence for Girls A unit of service is attendance during a program day. A unit of service may include housing, food, other basic needs, transportation, assistance obtaining education, medical and dental services, recreational services, education on independent living skills, assistance securing independent living services after age 18, and emotional support and guidance.	1,339.00	96,990
Service/Program: Transitions Home A unit of service is one program resident per month (a pregnant or parenting teen mother, a baby) who receives housing, food, other basic needs, transportation, assistance obtaining daycare, employment, educational, medical and dental services, recreational services, education on parenting and independent living skills, and emotional support and guidance.	452.00	60,000
Service/Program: Project Safe Place A unit of service is defined as one activity provided to/for a client. Services provided include presentations, transportation, toiletries, bus passes, school enrollment, and other case management duties.	11.00	20,281
<u>TOTAL CONTRACT</u>		<u>177,271</u>

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/01/08

PRODUCER BROWN & BROWN OF LV, INC. P O BOX 25001 Lehigh Valley, PA 18002-5001 800 634-8237	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 CHILDREN'S HOME SOCIETY OF FLORIDA 1485 S Semoran Blvd, Suite 1448 Winter Park, FL 32792	<table><tr><td>INSURERS AFFORDING COVERAGE</td><td>NAIC #</td></tr><tr><td>INSURER A: Philadelphia Indemnity Ins Co</td><td>18058</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr></table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Philadelphia Indemnity Ins Co	18058	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: Philadelphia Indemnity Ins Co	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 INSR	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	PPK308945	05/01/08	05/01/09	<table><tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$3,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$1,000,000</td></tr></table>	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	\$3,000,000	PRODUCTS - COMP/OP AGG	\$1,000,000
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	\$3,000,000																
PRODUCTS - COMP/OP AGG	\$1,000,000																
	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				<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$				
COMBINED SINGLE LIMIT (Ea accident)	\$																
BODILY INJURY (Per person)	\$																
BODILY INJURY (Per accident)	\$																
PROPERTY DAMAGE (Per accident)	\$																
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				<table><tr><td>AUTO ONLY - EA ACCIDENT</td><td>\$</td></tr><tr><td>OTHER THAN AUTO ONLY: EA ACC</td><td>\$</td></tr><tr><td>AGG</td><td>\$</td></tr></table>	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN AUTO ONLY: EA ACC	\$	AGG	\$						
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	PHQB238044	05/01/08	05/01/09	<table><tr><td>EACH OCCURRENCE</td><td>\$5,000,000</td></tr><tr><td>AGGREGATE</td><td>\$5,000,000</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$5,000,000	AGGREGATE	\$5,000,000		\$		\$		\$		
EACH OCCURRENCE	\$5,000,000																
AGGREGATE	\$5,000,000																
	\$																
	\$																
	\$																
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table><tr><td>WC STATU-TORY LIMITS</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$				
WC STATU-TORY LIMITS	OTH-ER																
E.L. EACH ACCIDENT	\$																
E.L. DISEASE - EA EMPLOYEE	\$																
E.L. DISEASE - POLICY LIMIT	\$																
A	OTHER Professional Liability	PPK308945	05/01/08	05/01/09	<table><tr><td>\$1,000,000 Occurrence</td></tr><tr><td>\$3,000,000 Aggregate</td></tr></table>	\$1,000,000 Occurrence	\$3,000,000 Aggregate										
\$1,000,000 Occurrence																	
\$3,000,000 Aggregate																	

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

*EXCEPTION- 10 DAYS NOTICE OF CANCELLATION FOR NONPAYMENT

Palm Beach County Board of County Commissioners is additional insured as respects general liability in regards to operations of named insured with respect to their funding contract.

RE: Nellie Smith, Safe Place, Transitional Home Programs

CERTIFICATE HOLDER

Palm Beach County
Department of Community Services
810 Datura St
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

PALM BEACH COUNTY
COMMUNITY SERVICES
2008 MAY -5 PM 1:08

ACORD. CERTIFICATE OF LIABILITY INSURANCE		OP ID TL CHILD-8	DATE (MM/DD/YYYY) 10/10/08
PRODUCER GHG Insurance Inc A Division of Sihle Ins Group 751 Oak St. Suite 100 Jacksonville FL 32204 Phone: 904-421-8600 Fax: 904-421-8601		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 Children's Home Society of FL 1485 S. Semoran Blvd. #1448 Winter Park FL 32792		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Old Dominion Insurance Company	40231
		INSURER B: Travelers Casualty & Surety Co	19038
		INSURER C: Philadelphia Insurance Company	
		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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COM/OP AGG	\$
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A	X	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
	X	ANY AUTO	BIG10866	10/15/08	10/15/09	BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS	B2G10866	10/15/08	10/15/09	BODILY INJURY (Per accident)	\$
		SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
X	X	HIRED AUTOS					
X	X	NON-OWNED AUTOS					
X		COMP DED \$250					
X		COLL DED \$500					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E L EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E L DISEASE - EA EMPLOYEE	\$
						E L DISEASE - POLICY LIMIT	\$
C		OTHER					
	D&O/EPL		PHSD365153	10/15/08	10/15/09	D&O	5,000,000
B	CRIME		104822192	10/15/06	10/15/09	CRIME	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS	
Certificate holder is named additional insured with respects to Safe Harbor Program	
2002 GMC #1GJHG39R1Y1244563; 2002 GMC 1GJHG39RX21195712;	
2002 Chevy 1GAGG29R621146898	
(SCO)	

CERTIFICATE HOLDER	CANCELLATION
PALBECO	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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.
Palm Beach County c/o Community Services Dept 810 Datura Street West Palm Beach FL 33401	AUTHORIZED REPRESENTATIVE William R. Handwerker

Certificate of Insurance

This certificate is issued as a matter of information only and confers no rights upon you the certificate holder. This certificate is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policies listed below.

This is to certify that (Name and address of Insured)

CHILDREN'S HOME SOCIETY OF FLORIDA
1485 S. SEMORAN BLVD.
SUITE 1448
WINTER PARK, FL 32792



is, at the issue date of this certificate, insured by the Company under the policy(ies) listed below. The insurance afforded by the listed policy(ies) is subject to all their terms, exclusions and conditions and is not altered by any requirement, term or condition of any contract or other document with respect to which this certificate may be issued.

Expiration Type	Eff./Exp. Date(s)	Policy Number(s)	Limits of Liability	
<input type="checkbox"/> Continuous*	07/01/2007 / 07/01/2008	WA6-15D-280851-017	Coverage afforded under WC law of the following states: FL	Employers Liability
<input type="checkbox"/> Extended				Bodily Injury By Accident \$500,000 Each Accident
<input checked="" type="checkbox"/> Policy Term				Bodily Injury By Disease \$500,000 Policy Limit
				Bodily Injury By Disease \$500,000 Each Person
Workers Compensation			General Aggregate-Other than Prod/Completed Operations	
General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence <input type="checkbox"/> Retro Date			Products/Completed Operations Aggregate	
			Bodily Injury and Property Damage Liability	Per Occurrence
			Personal and Advertising Injury	Per Person / Organization
			Other Liability	Other Liability
			Each Accident - Single Limit - B. I. and P. D. Combined	
Automobile Liability <input type="checkbox"/> Owned <input type="checkbox"/> Non-Owned <input type="checkbox"/> Hired			Each Person	
			Each Accident or Occurrence	
			Each Accident or Occurrence	
COMMENTS				
Notice of cancellation (not applicable unless a number of days is entered below) Before the stated expiration date the company will not cancel or reduce the insurance afforded under the above policies until at least 30 days notice of such cancellation has been mailed to:				

Office: Orlando, FL Phone: 407-829-7951

Certificate Holder:

Department of Community Services
Palm Beach County
Board of County Commissioners
810 Datura Street, #200
West Palm Beach, FL 33401

Mary Bland

MARY BLAND

Authorized Representative

Date Issued: 06/12/2007 Prepared By: CM

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.