

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: February 3, 2009

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 receive and file: executed Independent Contractor Agreements received during the month of December.

- A) Robert Hein, Tennis Instructor, Okeeheelee Park. (HEIN000112085201I); and
- B) East Coast Tennis Foundation, Inc., Tennis Instructor, Lake Lytal Park. (ECTENNIS10663212085201A).

**Summary:** In accordance with County PPM CW-O-051, all delegated contracts/agreements/grants must be submitted by the initiating Department as a receive and file agenda item. The attached Independent Contractor Agreements have been fully executed on behalf of the Board of County Commissioners (Board) by the County Administrator/Director/Assistant Director of the Parks and Recreation Department in accordance with Resolution 94-422, amended by Resolutions 02-2103 and 07-0409, and are now being submitted to the Board to receive and file. Districts 2 and 6 (DW)

**Background and Justification:** A resolution providing authority to execute Independent Contractor Agreements with recreation instructors and sports officials (Resolution 94-422, amended by Resolutions 02-2103 and 07-0409) was adopted by the Board to streamline the hiring process. The Board granted the Director/Assistant Director of Parks and Recreation authority to execute Independent Contractor Agreements with recreation instructors and sports officials up to \$10,000, with contracts of \$10,000 or more requiring the County Administrator's approval.

The Agreements attached have been executed on behalf of the Board by the County Administrator/Director/Assistant Director of the Parks and Recreation Department in accordance with the authority delegated by the Board, and are now being submitted to the Board to receive and file.

**Attachments:** Independent Contractor Agreements (2)

Recommended by:   
Department Director

1/13/09  
Date

Approved by:   
Assistant County Administrator

1/28/09  
Date

**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2009	2010	2011	2012	2013
Capital Expenditures	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
Operating Costs	<u>39,544</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
External Revenues	<u>(56,492)</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
Program Income (County)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
In-Kind Match (County)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<b>NET FISCAL IMPACT</b>	<b><u>(16,948)</u></b>	<b><u>-0-</u></b>	<b><u>-0-</u></b>	<b><u>-0-</u></b>	<b><u>-0-</u></b>
# ADDITIONAL FTE POSITIONS (Cumulative)	<u>0</u>				

Is Item Included in Current Budget? Yes  X  No    
 Budget Account No.: Fund 0001 Department 580 Unit various  
 Object 3422/Revenue Source 4726 Program N/A

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

		FY2009	
	Contractor	Revenue	Expense
A	Robert Hein	\$8,572	\$6,000
B	East Coast Tennis Foundation, Inc	\$47,920	\$33,544
	<b>Totals</b>	<b>\$56,492</b>	<b>\$39,544</b>

C. Departmental Fiscal Review:  ckopelakis

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Development and Control Comments:**

Jim Bush 1-26-09        Ann J. Jacoby 1/26/09   
 OFMB 02 1/23/09      Contract Development and Control  
 CN 1/23/09      SA 1/23/09

**B. Legal Sufficiency:**

Anne Delgant 1/28/09   
 Assistant County Attorney

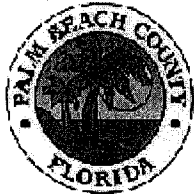
**C. Other Department Review:**

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

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

Don

contract



Palm Beach County  
Parks and Recreation Dept.  
Contract Tracking System 0000001408

DATE : 12/10/2008

**CONTRACT INFORMATION**  
Active

HEIN000112085201 I

Certificate of Insurance

NAME : HEIN, ROBERT  
VENDOR CODE: HEIN0001  
INSTRUCTOR: TENNIS INSTRUCTOR  
ACCOUNT NUMBER : 0001-580-5201- -3422  
LOCATION: OKEEHEELEE PARK TENNIS COURTS  
PROGRAM: TENNIS

CONTRACT DATE : 12/08/2008  
START DATE : 12/16/2008  
END DATE : 09/30/2009

CONTRACT AMOUNT : 6,000.00 REVENUE AMOUNT: 6,000.00  
USED AMOUNT : 0.00 USED AMOUNT : 0.00  
AMOUNT LEFT : 6,000.00 AMOUNT LEFT : 6,000.00

ASSIGNED CATEGORIES:

TENNIS INSTRUCTOR 0.70 PCT

RECREATION SERVICES						
ACCOUNT: 0001-580- 5201 -3422		VENDOR CODE:		CONTRACT:		
MC: <u>CSA</u>	PS: <u>X</u>	FSS: <u>SEE ATTACHED FOR THIS</u>	CC: <u>X</u>	CA: <u>X</u>	DD: <u>N</u>	

**INDEPENDENT CONTRACTOR AGREEMENT FOR  
PALM BEACH COUNTY PARKS & RECREATION DEPARTMENT**

This Agreement is made as of the 8 day of Dec, 2008, by and between the Board of County Commissioners of Palm Beach County, Florida, hereinafter referred to as the "COUNTY" and Robert Hein, an Independent Contractor, hereinafter referred to as "CONTRACTOR".

**WITNESSETH:**

**WHEREAS**, the COUNTY desires to make available (a) (an) Tennis program, and desires to contract with CONTRACTOR to provide a specific service for that program; and

**WHEREAS**, the COUNTY and CONTRACTOR desire to clarify and define their responsibilities with regard to providing said program.

**NOW THEREFORE**, in consideration of the mutual covenants and promises contained herein, the COUNTY and CONTRACTOR hereby agree as follows:

1. **Term:** The class, activity or service will begin on December 16, 2008 and will meet thereafter with the termination date of this agreement being September 30, 2009.
2. **Fees:** Palm Beach County Parks and Recreation Department, on behalf of COUNTY, shall collect all fees and charges from participants. The fee(s) charged by the COUNTY for this class or activity (is) (are): see attached per Revenue Account No. 0001-580- 5201-4726001
3. **Payments To Contractor:**
  - a. The total amount to be paid by the COUNTY under this Contract for all services and materials shall not exceed a total contract amount of Six Thousand Dollars (\$6,000). The CONTRACTOR shall notify the COUNTY's representative in writing when 90% of the "not to exceed amount" has been reached. The CONTRACTOR will bill the COUNTY on a bi-weekly basis per the attached schedule of payments, or as otherwise provided in Exhibit "B" for services rendered toward the completion of the Scope of Work. Where incremental billings for partially completed items are permitted, the total billings shall not exceed the estimated percentage of completion as of the billing date.
  - b. The CONTRACTOR's fee shall be the sum of \$ N/A or 70% of the paid enrollment fees for the class or activity.

**4. Specific Details:**

- a. Type of service/instructor: Tennis
- b. Name of class or activity: Tennis
- c. Day(s)/Date(s) Scheduled: Monday through Sunday
- d. Time Scheduled: Various
- e. Location: Okeeheelee Park Tennis Courts
- f. A minimum of N/A and a maximum of N/A paid enrollments must be received by the COUNTY prior to commencement of the class or activity. COUNTY reserves the right to cancel each class or activity which does not have the specified minimum number of participants registered.

**received**  
11/25/08

5. **Independent Contractor Status:** It is specifically understood that the CONTRACTOR is an independent contractor and not an employee of the COUNTY. The COUNTY and CONTRACTOR agree that this Agreement is not a contract of employment and that no relationship of Employer/Employee or Principal/Agent is or shall be created hereby nor shall hereafter exist by reason of the performance of the services herein specified.
6. **Taxes:** It is acknowledged and agreed by the COUNTY and CONTRACTOR that the service herein provided by the CONTRACTOR is a professional service and that the COUNTY is neither paying Social Security benefits nor withholding taxes from the CONTRACTOR's compensation for said service. The CONTRACTOR assumes all liability and responsibility for payment of his/her own FICA and Social Security benefits with respect to this Agreement.
7. **Termination:** The COUNTY may terminate this Agreement at any time upon written notice to the CONTRACTOR and the CONTRACTOR may terminate this Agreement upon written notice mailed to the COUNTY at least thirty (30) working days prior to the CONTRACTOR's departure date.
8. **Subcontracting:** The CONTRACTOR may not, without written approval of the COUNTY, subcontract or assign any rights, responsibilities or obligations under this Agreement.
9. **Performance:**
  - a. CONTRACTOR agrees to:
    1. Perform the services set forth herein in accordance with all applicable association/governing body rules and regulations, and in a competent, professional, safe, and responsible manner with full regard for the safety of the participants as well as the facility.
    2. No person other than the CONTRACTOR or a qualified employee of the CONTRACTOR shall be engaged to provide the services provided for in this Agreement.
    3. Provide written activity plans for each class or activity for which the CONTRACTOR is responsible.
    4. Provide and maintain, in proper working order, all necessary equipment specified to conduct the services provided for in this agreement.
    5. Inspect the activity site prior to beginning each class or activity in accordance with safety standards as explained in the CONTRACTOR's orientation program. Should a safety condition exist at a facility, CONTRACTOR should report said condition immediately to the County Representative and postpone said class or activity until the condition is addressed.
    6. Inspect the activity site after the class or activity is concluded to assure that the facility is left in the condition in which it was found.
    7. Utilize his or her own methods and procedures toward a result which shall be in accordance with the purposes, intent and objectives of the COUNTY in providing such recreational class or activity.
    8. Provide the County Representative with   5   days notice of all schedule conflicts/changes.
    9. CONTRACTOR shall immediately notify the County Representative of any unanticipated absences such as personal/family illnesses.
  - b. COUNTY agrees to:
    1. Maintain the facilities in proper working order.
    2. Conduct registration, collect participation fees and process class transfers or refunds for any and all programs and registrants.
    3. Provide class/activity rosters to the CONTRACTOR for distribution.
    4. Publicize the class or activity through the Leisure Times and public service announcements.

10. **Exhibits:** If any additional provisions are applicable to the class or activity as provided for herein, CONTRACTOR and COUNTY may attach applicable Exhibit(s). If any additional requirements such as specialty certifications, licenses and/or memberships applicable to the class or activity are required CONTRACTOR and COUNTY may attach applicable Exhibit(s). The CONTRACTOR's proposal should also be included as an Exhibit to this Agreement. All Exhibits shall be incorporated into and made a part hereof.

11. **County Representative:** The County Representative for this CONTRACT is:

Clifford Battles PH: 966-7031

12. **Indemnification:** The CONTRACTOR shall protect, defend, reimburse, indemnify and hold COUNTY, its agents, servants, employees and elected officers harmless from and against any and all claims, liability, losses, expense, cost, damages and/or causes of action of every kind or character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, which may arise from any and all acts or omissions of the CONTRACTOR during the performance of the CONTRACTOR's service under this Agreement.

13. **Notices:** All notices required in this Agreement shall be hand delivered or sent by certified mail, return receipt requested, if sent to the COUNTY shall be mailed to:

Director of Recreation Services  
Palm Beach County Parks and Recreation Department  
2700 Sixth Avenue South  
Lake Worth, FL 33461

and if sent to the CONTRACTOR shall be mailed to:

CONTRACTOR'S Name: Robert Hein

CONTRACTOR'S Address: 1070 West Shore Drive West Palm Beach, FL 33406

CONTRACTOR'S Phone No. (561) 252-9126

14. **Remedies:** This Agreement shall be governed by the laws of the State of Florida. Any legal action necessary to enforce this Agreement shall be held in Palm Beach County. Nothing herein shall be construed as creating any personal liability on the part of any officer or agent of the COUNTY, or shall it be construed as giving any rights or benefits hereunder to anyone other than the COUNTY and the CONTRACTOR.

15. **Availability of Funds:** The COUNTY's performance and obligation to pay under this Agreement for subsequent fiscal year's is contingent upon annual appropriations for its purpose by the Board of County Commissioners.

16. **Arrears:** The CONTRACTOR shall not pledge the COUNTY'S credit or make it a guarantor of payment or surety for any contract, debt, obligation, judgment, lien, or any form of indebtedness. The CONTRACTOR further warrants and represents that it has no obligation or indebtedness that would impair its ability to fulfill the terms of this Agreement.

17. **Public Entity Crimes:** As provided in F.S. 287.132-133, by entering into this Agreement or performing any work in furtherance hereof, the CONTRACTOR 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 36 months immediately preceding the date hereof. This notice is required by F.S. 287.133(3)(a).

18. **Criminal History Records Check:** The CONTRACTOR shall comply with the provisions of Ordinance 2003-030, the Criminal History Records Check Ordinance ("Ordinance"), if CONTRACTOR'S employees or subcontractors are required under this Agreement to enter a "critical facility" as identified in Resolution R-2003-1274. The CONTRACTOR acknowledges and agrees that all employees and subcontractors who are to enter a "critical facility" will be subject to a fingerprint based criminal history records check. Although COUNTY agrees to pay for all applicable FDLE/FBI fees required for criminal history records check, the CONTRACTOR shall be solely responsible for the financial, schedule, and staffing implications associated in complying with Ordinance 2003-030.

19. **Severability:** If any term or provision of this Agreement, or the application thereof to any person or circumstances shall, to any extent, be held invalid or unenforceable, the remainder of this Agreement, or the application of such terms or provision, to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected, and every other term and provision of this Agreement shall be deemed valid and enforceable to the extent permitted by law.

20. **Entirety of Contractual Agreement:** The COUNTY and the CONTRACTOR agree that this Agreement sets forth the entire agreement between the parties, and that there are no promises or understandings other than those stated herein. None of the provisions, terms and conditions contained in this Agreement may be added to, modified, superseded or otherwise altered, except by written instrument executed by the parties hereto.

IN WITNESS WHEREOF, the parties have set their hands and seals in the date first above written.

**PALM BEACH COUNTY WITNESS**

Nancy Beale  
SIGNATURE

Nancy Beale  
NAME (TYPE OR PRINT)

**PALM BEACH COUNTY**

[Signature]  
DEPARTMENT DIRECTOR/ASSISTANT DIRECTOR

\_\_\_\_\_  
COUNTY ADMINISTRATOR (If contract value exceeds \$10,000.)

**CONTRACTOR WITNESS**

[Signature]  
SIGNATURE

CLIFFORD BATTLES  
NAME (TYPE OR PRINT)

**INDEPENDENT CONTRACTOR**

[Signature]  
SIGNATURE

Robert Hein / Contractor  
NAME & TITLE (TYPE OR PRINT)

APPROVED AS TO FORM AND LEGAL SUFFICIENCY  
BY [Signature]  
County Attorney

## **PROJECT APPROACH**

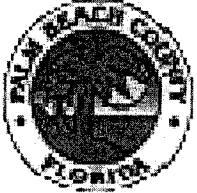
The tennis industry is primarily a service industry. The clientele includes all levels of players from beginners to advanced, from tots to seniors and includes challenged athletes.

The proposal has to be a win-win concept for all concerned by enhancing, broadening and maximizing the use of the facilities for the recreational endeavors of Palm Beach County residents.

My goal is to design the basic programs at Okeeheelee Park equal to or surpassing what is presently offered at other municipal tennis centers.

The program suggestions on the following pages are basic core selection. Times and dates will be adjusted according to community interests and leisure schedules. Additional programs will be added as participation and increased interest develops.





**PALM BEACH COUNTY**  
**PARKS AND RECREATION DEPARTMENT**

**SUMMARY OF QUALIFICATIONS**  
**RECREATION INSTRUCTORS & SPORTS OFFICIALS**

Robert Hein

Name of Recreation Service Provider/Sports Official

1. Which service(s) are you interested in providing? Tennis Services at  
Dkeeheelee Park

2. List prior work experience in providing this service:

<u>Dates</u>	<u>Agency/Company</u>	<u>Representative</u>
(A) <u>2003 - Present</u>	<u>Donna DeFrances / Head Coach</u> <u>Jim Hay / Tennis Manager</u>	<u>Town of Palm Beach</u>

<u>Scope of Work</u>	<u>Contact #</u>
<u>Tennis coach for Junior Programs,</u> <u>Ladies Teams, private lessons, clinics</u>	<u>561 317-5141</u> <u>Donna DeFrances</u>

<u>Dates</u>	<u>Agency/Company</u>	<u>Representative</u>
(B) <u>1999 - Present</u>	<u>Tennis Contractor for</u> <u>Palm Beach County Parks</u> <u>and Recreation</u>	<u>Cliff Battles</u>

<u>Scope of Work</u>	<u>Contact #</u>
<u>Tennis Services for Dkeeheelee Park and</u> <u>Various other Parks, lessons, clinics, leagues</u> <u>tournaments</u>	<u>561 966-7031</u>

<u>Dates</u>	<u>Agency/Company</u>	<u>Representative</u>
(c) 1991-1998	Tennis Insights, Inc	Michael Baldwin
	Palm Beach County Parks & Recreation	

<u>Scope of Work</u>	<u>Contact #</u>
Treasurer and Director / initiated and oversaw five year lease at South County Regional Park Tennis Center and Okeechobee Park	561 477-9660

3. List any licenses/certification/education you have completed relevant to providing this service:

<u>Dates</u>	<u>License/certification/education</u>	<u>Location/Instructor</u>
<del>1988-1990</del>		
1996-Present	Professional Tennis Registry Certified "Professional" level	
1968-1970	"Associate of Science" degree, Phi Theta Kappa	Palm Beach Junior College

4. Are you or any of your employees related to anyone employed by the Palm Beach County Parks and Recreation Department?

Yes  No

If yes, give name and relationship.

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<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 09/08/2008
PRODUCER (843)785-7733 FAX (843)686-4369 Coastal Plains Insurance P. O. Box 6869 15 Bow Circle Hilton Head Island, SC 29938		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 Professional Tennis Registry P.O. Box 4739 Hilton Head, SC 29938		
		INSURERS AFFORDING COVERAGE
		NAIC #
		INSURER A: <b>Capitol Specialty Insurance</b>
		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, MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INBR ADD'L TR INSUR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	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	CS00217967/51209	09/01/2008	09/01/2009	EACH OCCURRENCE \$ <b>1,000,000</b>
					DAMAGE TO RENTED PREMISES (Per occ. limit) \$ <b>100,000</b>
					MED EXP (Any one person) \$ <b>5,000</b>
					PERSONAL & ADV INJURY \$ <b>1,000,000</b>
		GENERAL AGGREGATE \$ <b>2,000,000</b>			
		PRODUCTS - COM/PROP AGG \$ <b>2,000,000</b>			
	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 EA ACC \$ AUTO ONLY: AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>	CS00217910/51209	09/01/2008	09/01/2009	EACH OCCURRENCE \$ <b>5,000,000</b>
					AGGREGATE \$ <b>5,000,000</b>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STAT'L TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER	CS00217967/51209	09/01/2008	09/01/2009	Abuse/Molestation \$100,000
					Per Occurrence/ Aggregate \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 27651 - Certificate Holder is listed as Additional Insured #129 with respects to PTR Member# 27651  
 Bob Hein, 1070 W Shore Drive, West Palm Beach, FL 33406-5151

**CERTIFICATE HOLDER**

Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees & Agents, c/o Parks & Rec Dept  
 2700 Sixth Avenue South  
 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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
 M.D. Barker, III/KIMIKA

**Robert Hein**

1070 West Shore Drive, West Palm Beach, FL 33406

Phone: 561-252-9126

Email: bobhein185@comcast.net

**Proposal for Program Fees**

Submitted: Thursday, November 17, 2008

**PRIVATE LESSONS.**

	½ Hour	1 Hour
Adult	\$35.00	\$60.00
Junior	\$30.00	\$60.00

**SEMI PRIVATE RATES: ADULTS** Per person per hour..

2 Person	\$35.00
3 Person	\$24.00
Group of 4	\$18.00

**SEMI PRIVATE RATES: JUNIORS** Per person per hour..

2 Person	\$30.00
3 Person	\$24.00
Group of 4	\$18.00

**CLINICS: ADULTS** Per person.

Level 1/Beginner & Level 2/Beginner-Low Intermediate

Minimum 5 / Maximum 8 Students per Class

Daily Cost per hour	\$15.00	Daily Cost 1.5 hours	\$21.00
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**CLINICS: JUNIORS** Per person.

Level 1/Beginner & Level 2/Beginner-Low Intermediate

Ages 7 to 16 are strategically put into groups determined by age and level of play.

Minimum 5 / Maximum 12 Students per Class

Daily Cost per ½ hour	\$9.00	Daily Cost per hour	\$15.00	Daily Cost per 1.5 hours	\$21.00
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**QUICK START TENNIS FORMAT CLINICS**

*The new way to play tennis for kids 10 and under*

QST 1	Ages 5 to 6	30 minutes	4 students
QST 2	Ages 7 to 8	45 minutes	4 to 6 students
QST 3	Ages 9 to 10	60 minutes	4 to 8 students

<b>Rates Per Child</b>	
Daily Cost	\$15.00

<b>Summer/Holiday Junior Camps (9am-12pm Mon-Fri)</b>	
Weekly Fee	\$175.00

*No Refunds, Credit or Rescheduling for missed classes and missed classes do not carry over into the next session. Make-ups will be available due to inclement weather or instructor absence only.*

## Robert C. Hein

1070 West Shore Drive West Palm Beach, FL 33406 (561) 252-9126 bobhein185@comcast.net

- Certification** Professional Tennis Registry – Professional Rating
- Skills Summary**
- Highly organized with service emphasis
  - Excellent communication skills
  - Skilled in facilitating large groups
- Professional Experience**
- Palm Beach County** 1999-present  
Tennis Contractor
- Limited part-time contract at Okeethee Park and various other locations.
- Donna DeFrances, Part-time Coach, 2007-present  
Town of Palm Beach
- Jim Hay, Tennis Manager, Town of Palm Beach** 2003-2007  
Tennis Professional / Subcontractor in charge of Ladies "A" Teams
- Tennis Insights, Inc., Palm Beach County** 1991-1998  
Treasurer and Tennis Director
- Initiated and oversaw five year lease at South County Regional Park Tennis Center (18 courts), Boca Ration, FL.
- The "Breakers", Palm Beach** 1988-1990  
Director of Tennis
- Supervised all facets of tennis operation
- The "Breakers", Palm Beach** 1984-1988  
Assistant Tennis Director
- Managed pro shop, lesson programs and court maintenance
  - Coordinated social, member, convention events and tournaments
- The Breakers Tennis Club Concession / Hugh Curry** 1976-1988  
Partner / Head Tennis Professional
- Supervised The Breakers and Breakers West tennis complexes
- LaCoquille Club, Manalapan, FL** 1974-1976  
Tennis Director
- Tournament Experience** 1971-1974 Played tournaments in Europe and U.S.A.
- Education**
- Palm Beach Community College  
1968-1970
- Associate of Science Degree, Phi Theta Kappa
- Miami University (Ohio) in Luxembourg, Europe  
1970-1972

**Mark Schwartz**

**18 Plymouth 8, West Palm Beach, FL 33417**

**(561) 686-7184**

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**Certification** U.S.P.T.A. Professional 2 Rating  
1984-Present

F.T.A. – U.S.T.A. Tennis Official  
1988-2005

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**Experience** **Tennis Maintenance**, The Breakers, Palm Beach, FL (1990-2008)

- Maintain clay tennis courts
- Assist in coaching junior clients

**Tennis Umpire**, U.S. Open Tennis Tournament, New York, NY (1988-2005)

- Chair Umpire
- Line judge

**Resident Tennis Pro**, SunningdaleCountry Club, New York, NY (1988-1996)

- Taught tennis to clients
- Oversaw tennis court maintenance

**Tennis Pro**, Bridge Hampton Tennis & Surf Club, New York, NY (1984-1986)

- Taught tennis to clients
- Oversaw tennis court maintenance

**Tennis Pro**, Boca Raton Hotel & Club, Boca Raton, FL (1978-1986)

- Taught tennis to clients
- Ran convention tournaments

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**Education** **BA/BS Psychology** 1970-1976  
**Long Island University, New York**

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**References** References are available on request.

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**Palm Beach County  
Parks and Recreation Department**

**Contractor Background Screening  
Consent/Release Form**

Applicant's Social Security Number [REDACTED]

Full Name (print) Robert Carl Hein Sex M Race W

Date of Birth 11/17/1949 Driver's License No. H500 763 49 417 0

Address 1070 West Shore Drive

City West Palm Beach State FL Zip 33406

I, Robert Carl Hein, authorize and give consent for Palm Beach County to obtain information regarding myself. This includes the following:

- County, State, and/or National Criminal History Background Records/Information Checks
- Sex Offender Registry Checks
- Current and Former Addresses
- Social Security Number Verification

I, the undersigned, authorize the above information to be obtained by Palm Beach County either in writing or via telephone in connection with my agreement to enter into a contract with Palm Beach County. I hereby release and hold Palm Beach County, its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, associated with obtaining or releasing the above information. Information obtained by Palm Beach County will be held in confidence in accordance with Palm Beach County's policies and procedures and state and federal law.

Print Name: Robert Carl Hein Date: 9/1/2008

Signature: Robert Carl Hein

ENTERED  
9/15/08



**PALM BEACH COUNTY  
PARKS AND RECREATION DEPARTMENT**

**APPLICANT DISCLOSURE (Please read carefully)**

Our agency screens prospective contractors/volunteers to evaluate whether an applicant poses a risk of harm to the youth, elderly, or individuals it serves. Information obtained is not an automatic bar to contract/volunteer service, but is considered in view of all relevant circumstances. This disclosure is required to be completed by applicants for contractual or volunteer positions in order to be considered. Any falsification, misrepresentation, or incompleteness in this disclosure alone is grounds for disqualification or termination.

APPLICANT:

Robert Carl Hein

Please print complete name

I understand I must acknowledge the existence of any criminal records relating to the following list, regardless of whether or not those records have been sealed or expunged. I understand that I am also obligated to notify Palm Beach County Parks and Recreation Department of any possible disqualifying offenses that may occur while providing services for/with Palm Beach County Parks and Recreation Department.

*Initial next to all that apply and provide a brief explanation below:*

- |                          |                  |   |
|--------------------------|------------------|---|
| <input type="checkbox"/> | Sections 393.135 | relating to sexual misconduct with certain developmentally disabled clients   |
| <input type="checkbox"/> | 394.4593         | relating to sexual misconduct with certain mental Health patients   |
| <input type="checkbox"/> | Sections 415.111 | adult abuse, neglect, or exploitation of aged person or disabled adults   |
| <input type="checkbox"/> | 741.30           | domestic violence and injunction for protection (defined in 741.28) means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, etc. of a family or household member |
| <input type="checkbox"/> | 782.04           | murder  |
| <input type="checkbox"/> | 782.07           | manslaughter, aggravated manslaughter of anelderly person or disabled adult, or aggravated manslaughter of a child  |
| <input type="checkbox"/> | 782.071          | vehicular homicide  |
| <input type="checkbox"/> | 782.09           | killing an unborn child by injury to the mother   |
| <input type="checkbox"/> | 784.011          | assault, if the victim of offense was a minor   |
| <input type="checkbox"/> | 784.021          | aggravated assault  |
| <input type="checkbox"/> | 784.03           | battery, if the victim of offense was a minor   |
| <input type="checkbox"/> | 784.045          | aggravated battery  |
| <input type="checkbox"/> | 787.01           | kidnapping  |
| <input type="checkbox"/> | 787.02           | false imprisonment  |
| <input type="checkbox"/> | 787.04(2)        | taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings  |
| <input type="checkbox"/> | 787.04(3)        | carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person   |
| <input type="checkbox"/> | 790.115(1)       | exhibiting firearms or weapons within 1,000 feet of a school  |
| <input type="checkbox"/> | 790.115(2b)      | possessing an electric weapon or device, destructive device, or other weapon on school property   |
| <input type="checkbox"/> | 794.011          | sexual battery  |
| <input type="checkbox"/> | 794.041          | prohibited acts of persons in familial or custodial authority (former)  |
| <input type="checkbox"/> | Chapter 796      | prostitution  |
| <input type="checkbox"/> | Section 798.02   | lewd and lascivious behavior  |
| <input type="checkbox"/> | Chapter 800      | lewdness and indecent exposure  |
| <input type="checkbox"/> | Section 806.01   | arson   |
| <input type="checkbox"/> | Chapter 812      | felony theft and/or robbery   |
| <input type="checkbox"/> | Sections 817.563 | fraudulent sale of controlled substances, if the offense was a felony   |
| <input type="checkbox"/> | 825.102          | abuse, aggravated abuse, or neglect of disabled adults or elderly persons   |
| <input type="checkbox"/> | 825.1025         | lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult  |
| <input type="checkbox"/> | 825.103          | exploitation of disabled adults or elderly persons, if the offense was a felony   |



_____	826.04	incest
_____	827.03	child abuse, aggravated child abuse, or neglect of a child
_____	827.04	contributing to the delinquency or dependency of a child
_____	827.05	negligent treatment of children
_____	827.071	sexual performance by a child
_____	843.01	resisting arrest with violence
_____	Chapter 847	obscene literature
_____	Section 847.05(1)	encouraging or recruiting another to join a criminal gang
_____	Chapter 893	drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
_____	Section 985.4045	sexual misconduct in juvenile justice programs

Explanation: (Provide details of any items initialed above. Attach another sheet if necessary.)

<u>Description</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The above statements are true and complete to the best of my knowledge.

INITIAL:

By signing this section, I affirm that I have not been charged, found guilty or entered a plea of guilty or nolo contendere (no contest), regardless of the adjudication, to any of the foregoing charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction. I also affirm that I do not have a delinquency record that is similar to any of these offenses.

  
Applicant's Signature

September 1, 2008  
Date

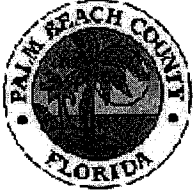
**OR**

By signing this section, I declare that my record may contain one or more of the foregoing Disqualifying charges, acts or offences and that the explanation I have provided is complete and true with regard to any of the above charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

contract



Palm Beach County  
Parks and Recreation Dept.  
Contract Tracking System 0000001409

DATE : 12/29/2008

**CONTRACT INFORMATION**  
Active

ECTENNIS10663212085201 A

Certificate of Insurance

NAME : EAST COAST TENNIS FOUNDATION, INC.,  
VENDOR CODE: ECTENNIS106632  
INSTRUCTOR: TENNIS INSTRUCTOR  
ACCOUNT NUMBER : 0001-580-5201- -3422  
LOCATION: LAKE LYTAL PARK TENNIS COURTS  
PROGRAM: TENNIS

---

CONTRACT DATE : 12/12/2008  
START DATE : 12/29/2008  
END DATE : 12/30/2009

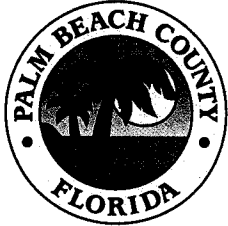
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CONTRACT AMOUNT : 33,544.00 REVENUE AMOUNT: 33,544.00  
USED AMOUNT : 0.00 USED AMOUNT : 0.00  
AMOUNT LEFT : 33,544.00 AMOUNT LEFT : 33,544.00

---

ASSIGNED CATEGORIES:

TENNIS INSTRUCTOR 0.70 PCT



**INTER-OFFICE COMMUNICATION**  
PARKS & RECREATION DEPARTMENT

**Department of  
Parks and Recreation**

2700 6th Avenue South  
Lake Worth, FL 33461  
(561) 966-6600  
Fax: (561) 966-7050  
www.pbcparcs.com



**Palm Beach County  
Board of County  
Commissioners**

Addie L. Greene, Chairperson

Jeff Koons, Vice Chair

Karen T. Marcus

Robert J. Kanjian

Mary McCarty


Burt Aaronson

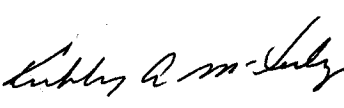
Jess R. Santamaria

**County Administrator**

Robert Weisman

**TO:** Bob Weisman  
County Administrator

**THRU:** Dennis Eshleman, Director   
Parks & Recreation Department  
Anne Helfant, Assistant County Attorney

**FROM:** Kim McNeeley, Director   
Recreation Division

**DATE:** December 10, 2008

**RE:** **INDEPENDENT CONTRACTOR AGREEMENTS**

Board Resolution R2002-2103 as amended by Resolution adopted by the Board of County Commissioners on 03/13/07, authorizes the County Administrator or the Director/Assistant Director of Parks and Recreation to execute standard independent contractor agreements for the provision of recreation instructors. Said resolutions require that the County Administrator approve any and all contracts totaling \$10,000 or greater. Contracts expected to total \$9,999.99 and less are to be approved by the Director/Assistant Director of Parks and Recreation.

Attached for your signature is a contract for a Tennis program, which represents total annual dollars in excess of the Director's approval authority.

East Coast Tennis Foundation, Inc., Lake Lytal Park Tennis Courts  
\$33,544.00

Please execute the attached contract.

Thank you.

"An Equal Opportunity  
Affirmative Action Employer"

RECREATION SERVICES					
ACCOUNT: 0001-580- 5201 -3422		VENDOR CODE: VC-106632		CONTRACT:	
MC: <i>AK</i>	PS: <i>K</i>	FSS: <i>ck</i>	CC: <i>AK</i>	CA: <i>AK</i>	DD: <i>(AK)</i>

**INDEPENDENT CONTRACTOR AGREEMENT FOR  
PALM BEACH COUNTY PARKS & RECREATION DEPARTMENT**

This Agreement is made as of the 12 day of Dec, 2008, by and between the Board of County Commissioners of Palm Beach County, Florida, hereinafter referred to as the "COUNTY" and East Coast Tennis Foundation, Inc., an Independent Contractor, hereinafter referred to as "CONTRACTOR".

**WITNESSETH:**

**WHEREAS**, the COUNTY desires to make available (a) (an) Tennis program, and desires to contract with CONTRACTOR to provide a specific service for that program; and

**WHEREAS**, the COUNTY and CONTRACTOR desire to clarify and define their responsibilities with regard to providing said program.

**NOW THEREFORE**, in consideration of the mutual covenants and promises contained herein, the COUNTY and CONTRACTOR hereby agree as follows:

1. **Term:** The class, activity or service will begin on December 29, 2008 and will meet thereafter with the termination date of this agreement being September 30, 2009.
2. **Fees:** Palm Beach County Parks and Recreation Department, on behalf of COUNTY, shall collect all fees and charges from participants. The fee(s) charged by the COUNTY for this class or activity (is) (are): see attached per Revenue Account No. 0001-580- 5201-4721-09  
4726-03 ck
3. **Payments To Contractor:**
  - a. The total amount to be paid by the COUNTY under this Contract for all services and materials shall not exceed a total contract amount of Thirty Three Thousand Five Hundred Forty-four Dollars (\$33,544). The CONTRACTOR shall notify the COUNTY's representative in writing when 90% of the "not to exceed amount" has been reached. The CONTRACTOR will bill the COUNTY on a bi-weekly basis per the attached schedule of payments, or as otherwise provided in Exhibit "B" for services rendered toward the completion of the Scope of Work. Where incremental billings for partially completed items are permitted, the total billings shall not exceed the estimated percentage of completion as of the billing date.
  - b. The CONTRACTOR's fee shall be the sum of \$ N/A or 70% of the paid enrollment fees for the class or activity.
4. **Specific Details:**
  - a. Type of service/instructor: Tennis
  - b. Name of class or activity: Tennis
  - c. Day(s)/Date(s) Scheduled: Monday through Sunday
  - d. Time Scheduled: Various
  - e. Location: Lake Lytal Park Tennis Courts
  - f. A minimum of N/A and a maximum of N/A paid enrollments must be received by the COUNTY prior to commencement of the class or activity. COUNTY reserves the right to cancel each class or activity which does not have the specified minimum number of participants registered.

**received**  
12/2/08

5. **Independent Contractor Status:** It is specifically understood that the CONTRACTOR is an independent contractor and not an employee of the COUNTY. The COUNTY and CONTRACTOR agree that this Agreement is not a contract of employment and that no relationship of Employer/Employee or Principal/Agent is or shall be created hereby nor shall hereafter exist by reason of the performance of the services herein specified.
6. **Taxes:** It is acknowledged and agreed by the COUNTY and CONTRACTOR that the service herein provided by the CONTRACTOR is a professional service and that the COUNTY is neither paying Social Security benefits nor withholding taxes from the CONTRACTOR's compensation for said service. The CONTRACTOR assumes all liability and responsibility for payment of his/her own FICA and Social Security benefits with respect to this Agreement.
7. **Termination:** The COUNTY may terminate this Agreement at any time upon written notice to the CONTRACTOR and the CONTRACTOR may terminate this Agreement upon written notice mailed to the COUNTY at least thirty (30) working days prior to the CONTRACTOR's departure date.
8. **Subcontracting:** The CONTRACTOR may not, without written approval of the COUNTY, subcontract or assign any rights, responsibilities or obligations under this Agreement.
9. **Performance:**
  - a. CONTRACTOR agrees to:
    1. Perform the services set forth herein in accordance with all applicable association/governing body rules and regulations, and in a competent, professional, safe, and responsible manner with full regard for the safety of the participants as well as the facility.
    2. No person other than the CONTRACTOR or a qualified employee of the CONTRACTOR shall be engaged to provide the services provided for in this Agreement.
    3. Provide written activity plans for each class or activity for which the CONTRACTOR is responsible.
    4. Provide and maintain, in proper working order, all necessary equipment specified to conduct the services provided for in this agreement.
    5. Inspect the activity site prior to beginning each class or activity in accordance with safety standards as explained in the CONTRACTOR's orientation program. Should a safety condition exist at a facility, CONTRACTOR should report said condition immediately to the County Representative and postpone said class or activity until the condition is addressed.
    6. Inspect the activity site after the class or activity is concluded to assure that the facility is left in the condition in which it was found.
    7. Utilize his or her own methods and procedures toward a result which shall be in accordance with the purposes, intent and objectives of the COUNTY in providing such recreational class or activity.
    8. Provide the County Representative with 5 days notice of all schedule conflicts/changes.
    9. CONTRACTOR shall immediately notify the County Representative of any unanticipated absences such as personal/family illnesses.
  - b. COUNTY agrees to:
    1. Maintain the facilities in proper working order.
    2. Conduct registration, collect participation fees and process class transfers or refunds for any and all programs and registrants.
    3. Provide class/activity rosters to the CONTRACTOR for distribution.

4. Publicize the class or activity through the Leisure Times and public service announcements.

10. **Exhibits:** If any additional provisions are applicable to the class or activity as provided for herein, CONTRACTOR and COUNTY may attach applicable Exhibit(s). If any additional requirements such as specialty certifications, licenses and/or memberships applicable to the class or activity are required CONTRACTOR and COUNTY may attach applicable Exhibit(s). The CONTRACTOR's proposal should also be included as an Exhibit to this Agreement. All Exhibits shall be incorporated into and made a part hereof.

11. **County Representative:** The County Representative for this CONTRACT is:

Clifford Battles PH: 966-7031

12. **Indemnification:** The CONTRACTOR shall protect, defend, reimburse, indemnify and hold COUNTY, its agents, servants, employees and elected officers harmless from and against any and all claims, liability, losses, expense, cost, damages and/or causes of action of every kind or character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, which may arise from any and all acts or omissions of the CONTRACTOR during the performance of the CONTRACTOR's service under this Agreement.

13. **Notices:** All notices required in this Agreement shall be hand delivered or sent by certified mail, return receipt requested, if sent to the COUNTY shall be mailed to:

Director of Recreation Services  
Palm Beach County Parks and Recreation Department  
2700 Sixth Avenue South  
Lake Worth, FL 33461

and if sent to the CONTRACTOR shall be mailed to:

CONTRACTOR'S Name: East Coast Tennis Foundation, Inc.

CONTRACTOR'S Address: PO Box 221885 West Palm Beach, FL 33422-1885

CONTRACTOR'S Phone No. (561) 686-1103

14. **Remedies:** This Agreement shall be governed by the laws of the State of Florida. Any legal action necessary to enforce this Agreement shall be held in Palm Beach County. Nothing herein shall be construed as creating any personal liability on the part of any officer or agent of the COUNTY, or shall it be construed as giving any rights or benefits hereunder to anyone other than the COUNTY and the CONTRACTOR.

15. **Availability of Funds:** The COUNTY's performance and obligation to pay under this Agreement for subsequent fiscal year's is contingent upon annual appropriations for its purpose by the Board of County Commissioners.

16. **Arrears:** The CONTRACTOR shall not pledge the COUNTY'S credit or make it a guarantor of payment or surety for any contract, debt, obligation, judgment, lien, or any form of indebtedness. The CONTRACTOR further warrants and represents that it has no obligation or indebtedness that would impair its ability to fulfill the terms of this Agreement.

17. **Public Entity Crimes:** As provided in F.S. 287.132-133, by entering into this Agreement or performing any work in furtherance hereof, the CONTRACTOR 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 36 months immediately preceding the date hereof. This notice is required by F.S. 287.133(3)(a).

18. **Criminal History Records Check:** The CONTRACTOR shall comply with the provisions of Ordinance 2003-030, the Criminal History Records Check Ordinance ("Ordinance"), if CONTRACTOR'S employees or subcontractors are required under this Agreement to enter a "critical facility" as identified in Resolution R-2003-1274. The CONTRACTOR acknowledges and agrees that all employees and subcontractors who are to enter a "critical facility" will be subject to a fingerprint based criminal history records check. Although COUNTY agrees to pay for all applicable FDLE/FBI fees required for criminal history records check, the CONTRACTOR shall be solely responsible for the financial, schedule, and staffing implications associated in complying with Ordinance 2003-030.

shall, to any extent, be held invalid or unenforceable, the remainder of this Agreement, or the application of such terms or provision, to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected, and every other term and provision of this Agreement shall be deemed valid and enforceable to the extent permitted by law.

20. **Entirety of Contractual Agreement:** The COUNTY and the CONTRACTOR agree that this Agreement sets forth the entire agreement between the parties, and that there are no promises or understandings other than those stated herein. None of the provisions, terms and conditions contained in this Agreement may be added to, modified, superseded or otherwise altered, except by written instrument executed by the parties hereto.

IN WITNESS WHEREOF, the parties have set their hands and seals in the date first above written.

**PALM BEACH COUNTY WITNESS**

Nancy Beale  
SIGNATURE

Nancy Beale  
NAME (TYPE OR PRINT)

**PALM BEACH COUNTY**

[Signature]  
DEPARTMENT DIRECTOR/ASSISTANT DIRECTOR

[Signature]  
COUNTY ADMINISTRATOR (If contract value exceeds \$10,000.)

**CONTRACTOR WITNESS**

[Signature]  
SIGNATURE

Clifford Battles  
NAME (TYPE OR PRINT)

**INDEPENDENT CONTRACTOR**

[Signature]  
SIGNATURE

Janet Sprague, Executive Director  
NAME & TITLE (TYPE OR PRINT)

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY  
BY [Signature]  
County Attorney

**East Coast Tennis Foundation, Inc.**  
 PO Box 221885, West Palm Beach, Florida 33422-1885  
 Phone: 561-686-1103, FAX 561-686-1159  
 Email: eastcoasttennis@att.net

**Proposal for Program Fees**  
**Submitted: Thursday, November 13, 2008**

**PRIVATE LESSONS**

	½ Hour	1 Hour
Adult	\$35.00	\$60.00
Junior	\$30.00	\$60.00

**SEMI PRIVATE RATES: ADULTS** Per person per hour.

2 Person	\$35.00
3 Person	\$24.00
Group of 4	\$18.00

**SEMI PRIVATE RATES: JUNIORS** Per person per hour.

2 Person	\$30.00
3 Person	\$24.00
Group of 4	\$18.00

**CLINICS: ADULTS** Per person per hour.  
 Level 1/Beginner & Level 2/Beginner-Low Intermediate  
 Minimum 5 / Maximum 8 Students per Class

Daily Cost	\$15.00
------------	---------

**CLINICS: JUNIORS** Per person per hour.  
 Level 1/Beginner & Level 2/Beginner-Low Intermediate  
 Ages 7 to 16 are strategically put into groups determined by age and level of play.  
 Minimum 5 / Maximum 12 Students per Class

Daily Cost	\$15.00
------------	---------

**QUICK START TENNIS FORMAT CLINICS**  
*The new way to play tennis for kids 10 and under*

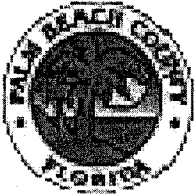
QST 1	Ages 5 to 6	30 minutes	4 students
QST 2	Ages 7 to 8	45 minutes	4 to 6 students
QST 3	Ages 9 to 10	60 minutes	4 to 8 students

<b>Rates Per Child</b>	
Daily Cost	\$15.00

<b>Summer/Holiday Camps ages 6-13</b>	
Weekly Fee	\$175.00

*No Refunds, Credit or Rescheduling for missed classes and missed classes do not carry over into the next session. Make-ups will be available due to inclement weather or instructor absence only.*





**PALM BEACH COUNTY**  
**PARKS AND RECREATION DEPARTMENT**

**SUMMARY OF QUALIFICATIONS**  
**RECREATION INSTRUCTORS & SPORTS OFFICIALS**

Janet M. Sprague

Name of Recreation Service Provider/Sports Official

1. Which service(s) are you interested in providing? Tennis Programs & Events  
including Junior & Adult Clinics, Lessons, Round-Robins

2. List prior work experience in providing this service:

<u>Dates</u>	<u>Agency/Company</u>	<u>Representative</u>
(A) <u>1/1/02 - Present</u>	<u>USTA - Florida</u>	<u>Andy McFarland -</u> <u>Immed. Supervisor.</u>

<u>Scope of Work</u>	<u>Contact #</u>
<u>Promote &amp; Develop Tennis Programs @</u> <u>grassroots level, train volunteers to</u> <u>provide tennis programs, coordinate</u> <u>Jr. &amp; Adult tennis programs</u>	<u>386-671-8927</u>

<u>Dates</u>	<u>Agency/Company</u>	<u>Representative</u>
(B) <u>5/1995 - 10/2001</u>	<u>GIRL SCOUTS OF USA</u>	<u>AUDREY ARTHUR</u> <u>Immed Supervisor.</u> <u>(1995-1999)</u> <u>CAROL HIRIG (1999-2001)</u>

<u>Scope of Work</u>	<u>Contact #</u>
<u>Recruit, appoint, train &amp; support</u> <u>volunteers to provide Girl Scouts</u> <u>Sports programs @ grassroots level</u>	<u>561-427-0177 (Audrey)</u> <u>800-881-4475 (Carol)</u>

(C).

<u>Dates</u>	<u>Agency/Company</u>	<u>Representative</u>

<u>Scope of Work</u>	<u>Contact #</u>

3. List any licenses/certification/education you have completed relevant to providing this service:

<u>Dates</u>	<u>License/certification/education</u>	<u>Location/Instructor</u>
2006 - Present	PTR Certified (Current - 2009)	Daytona Beach / PTR Workshop
2008	M.S. in Psychology	Palm Beach Atlantic Univ.
2005	B.S. in Organiz. Management	PBAU
1995	C.D.A. (Child Dev. Assoc. Credential)	PBCC

4. Are you or any of your employees related to anyone employed by the Palm Beach County Parks and Recreation Department?

Yes       No

If yes, give name and relationship.

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# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

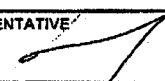
DATE (MM/DD/YY)  
08/25/2008

PRODUCER <b>FAMILY FINANCIAL GROUP, LLC</b> 5 WALTER FORAN BLVD SUITE 2010 FLEMINGTON, NJ 08822 908-782-4028 FAX 908-782-5203	Serial # 242031	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 <b>EAST COAST TENNIS FOUNDATION</b> PO BOX 21885 WEST PALM BEACH, FL 33422-1885 #0168-03	INSURERS AFFORDING COVERAGE	NAIC#
	INSURER A: EVEREST NATIONAL INSURANCE CO.	
	INSURER B: ACE USA	
	INSURER C:	
	INSURER D:	
	INSURER E:	

**AVERAGES**  
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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

ADDITIONAL INSURED	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> ATHLETIC/SPORTS GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOG	70CP00142-071	12/31/07	12/31/08	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ NIL PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <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	70CP00142-071	12/31/07	12/31/08	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	70EX000121-071	12/31/07	12/31/08	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
	<b>ACCIDENT/ MEDICAL COVERAGE</b>	PTPN00720264	12/31/07	12/31/08	AD&D \$25,000/ ACCIDENT MED EXCESS \$25,000/DED \$0 BENE.PERIOD 52 WEEKS /AGG \$2,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 \*ASTER LIABILITY/ ACCIDENT INSURANCE PROGRAM. USTA FLORIDA SECTION.  
 \*TEAM TENNIS ADULT LEAGUES CAMPS, LESSONS, CLINICS, ROUND-ROBIN EVENTS, COMMUNITY TENNIS.  
 DATES: OCTOBER 1 THROUGH DECEMBER 31, 2008 LOCATION: LAKE LYTAL TENNIS COURTS.  
 PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS C/O PARKS AND RECREATION DEPARTMENT IS NAMED AS AN ADDITIONAL INSURED WITH RESPECT TO THE ACTIVITIES OF THE NAMED INSURED.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS C/O PARKS & RECREATION DEPT. 2700 6TH AVE SOUTH LAKE WORTH, FL 33461 ATTN: CLIFF BATTIES	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:  ANTHONY FRANKLIN



MAIL TO: Palm Beach County  
 Board of County Commissioners  
 Purchasing Department  
 Attention: Vendor Registration Desk  
 50 South Military Trail, Suite 110  
 West Palm Beach, FL 33415-3199  
 Phone: (561) 616-6800 Fax: (561) 616-6811  
 Web Address: www.pbcgov.com/pur

(Vendor Code to be assigned by P.B.C.)

**VENDOR REGISTRATION FORM**

PLEASE TYPE OR PRINT IN BLACK INK

New Registration                       Change of Information

Headquarters (Legal Name) of Company: East Coast Tennis Foundation, Inc.  
(Must match name to which Federal I.D. or Taxpayer ID is assigned.)

Alias/D/B/A (Doing-Business-As) Name: N/A  
(List your D/B/A or fictitious name only if applicable.)

Type of Business Entity (check one):  
 Individual     Sole Proprietorship     Partnership     Corporation     Other

Business Commodity Offered (check one):  
 Goods Only     Services Only     Goods and Services

Taxpayer ID: List your Federal ID (IRS W-9 Form) or Taxpayer ID Number: 20-2394019

1. Please list below your Headquarters address information:

Address: P.O. Box 221885

City: West Palm Beach State/Province: Florida

Zip/Postal Code: 33422-1885 Country: USA

Main Phone Number: 561 686 1103

Contact Name: Janet Sprague E-mail Address: eastcoasttennis1@bellsouth.net  
(E-mail Address may be used for Orders/Contracts)

Contact Phone Number: 561.686.1103 Alternate Phone Number: 561-385-7399

Contact Fax Number: 561 686-1159 Alternate Fax Number: N/A

2. Please list below your Payment Address/Accounts Receivable Department information address if necessary, or check here if  Same as Headquarters:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Contact Fax Number: \_\_\_\_\_ Alternate Fax Number: \_\_\_\_\_

3. Please list below your Order Processing Department information and attach additional address if necessary, or check here if  Same as Headquarters:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
(E-mail Address may be used for Orders/Contracts)

Contact Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Contact Fax Number: \_\_\_\_\_ Alternate Fax Number: \_\_\_\_\_

4. List Company Officers or Principals Who Are Palm Beach County Employees or are Related to Palm Beach County Employees:

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

5. List Company Officials:

Name: Ginger Howard Smith Position/Title: President

Name: Joni Garman Position/Title: Vice President

Name: Debbie Lewis Position/Title: Treasurer

6. If you are interested in being certified as a Small Business Enterprise or a Minority-Owned Business, please visit [www.pbcgov.com/osba](http://www.pbcgov.com/osba) and download the Certification Application or contact the Palm Beach County Office of Small Business Assistance at (561) 616-6840

7. Affix Authorized Signature of Company Officer or Principal (Required for Registration):

Print Name: Janet M. Sprague Title: Founder & Registered Agent & E.D.

Signature:  Date: 8/29/08

**PALM BEACH COUNTY  
PARKS AND RECREATION DEPARTMENT**

**APPLICANT DISCLOSURE (Please read carefully)**

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APPLICANT: Janet Marie Sprague Saint Hilaire  
Please print complete name

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- |       |                  |   |
|-------|------------------|---|
| _____ | Sections 393.135 | relating to sexual misconduct with certain developmentally disabled clients   |
| _____ | 394.4593         | relating to sexual misconduct with certain mental Health patients   |
| _____ | Sections 415.111 | adult abuse, neglect, or exploitation of aged person or disabled adults   |
| _____ | 741.30           | domestic violence and injunction for protection (defined in 741.28) means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, etc. of a family or household member |
| _____ | 782.04           | murder  |
| _____ | 782.07           | manslaughter, aggravated manslaughter of anelderly person or disabled adult, or aggravated manslaughter of a child  |
| _____ | 782.071          | vehicular homicide  |
| _____ | 782.09           | killing an unborn child by injury to the mother   |
| _____ | 784.011          | assault, if the victim of offense was a minor   |
| _____ | 784.021          | aggravated assault  |
| _____ | 784.03           | battery, if the victim of offense was a minor   |
| _____ | 784.045          | aggravated battery  |
| _____ | 787.01           | kidnapping  |
| _____ | 787.02           | false imprisonment  |
| _____ | 787.04(2)        | taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings  |
| _____ | 787.04(3)        | carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person   |
| _____ | 790.115(1)       | exhibiting firearms or weapons within 1,000 feet of a school  |
| _____ | 790.115(2b)      | possessing an electric weapon or device, destructive device, or other weapon on school property   |
| _____ | 794.011          | sexual battery  |
| _____ | 794.041          | prohibited acts of persons in familial or custodial authority (former)  |
| _____ | Chapter 796      | prostitution  |
| _____ | Section 798.02   | lewd and lascivious behavior  |
| _____ | Chapter 800      | lewdness and indecent exposure  |
| _____ | Section 806.01   | arson   |
| _____ | Chapter 812      | felony theft and/or robbery   |
| _____ | Sections 817.563 | fraudulent sale of controlled substances, if the offense was a felony   |
| _____ | 825.102          | abuse, aggravated abuse, or neglect of disabled adults or elderly persons   |
| _____ | 825.1025         | lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult  |
| _____ | 825.103          | exploitation of disabled adults or elderly persons, if the offense was a felony   |

_____	826.04	incest
_____	827.03	child abuse, aggravated child abuse, or neglect of a child
_____	827.04	contributing to the delinquency or dependency of a child
_____	827.05	negligent treatment of children
_____	827.071	sexual performance by a child
_____	843.01	resisting arrest with violence
_____	Chapter 847	obscene literature
_____	Section 847.05(1)	encouraging or recruiting another to join a criminal gang
_____	Chapter 893	drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
_____	Section 985.4045	sexual misconduct in juvenile justice programs

Explanation: (Provide details of any items initialed above. Attach another sheet if necessary.)

Description

Dates

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The above statements are true and complete to the best of my knowledge.

INITIAL:

By signing this section, I affirm that I have not been charged, found guilty or entered a plea of guilty or nolo contendere (no contest), regardless of the adjudication, to any of the foregoing charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction. I also affirm that I do not have a delinquency record that is similar to any of these offenses.


8/23/08  
 Applicant's Signature Date

OR

By signing this section, I declare that my record may contain one or more of the foregoing Disqualifying charges, acts or offences and that the explanation I have provided is complete and true with regard to any of the above charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction.

\_\_\_\_\_  
 Applicant's Signature Date

**PALM BEACH COUNTY  
PARKS AND RECREATION DEPARTMENT**

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APPLICANT:

Yuseef F Ahmed  
Please print complete name

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- |       |                  |   |
|-------|------------------|---|
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| _____ | 394.4593         | relating to sexual misconduct with certain mental Health patients   |
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| _____ | 782.07           | manslaughter, aggravated manslaughter of anelderly person or disabled adult, or aggravated manslaughter of a child  |
| _____ | 782.071          | vehicular homicide  |
| _____ | 782.09           | killing an unborn child by injury to the mother   |
| _____ | 784.011          | assault, if the victim of offense was a minor   |
| _____ | 784.021          | aggravated assault  |
| _____ | 784.03           | battery, if the victim of offense was a minor   |
| _____ | 784.045          | aggravated battery  |
| _____ | 787.01           | kidnapping  |
| _____ | 787.02           | false imprisonment  |
| _____ | 787.04(2)        | taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings  |
| _____ | 787.04(3)        | carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person   |
| _____ | 790.115(1)       | exhibiting firearms or weapons within 1,000 feet of a school  |
| _____ | 790.115(2b)      | possessing an electric weapon or device, destructive device, or other weapon on school property   |
| _____ | 794.011          | sexual battery  |
| _____ | 794.041          | prohibited acts of persons in familial or custodial authority (former)  |
| _____ | Chapter 796      | prostitution  |
| _____ | Section 798.02   | lewd and lascivious behavior  |
| _____ | Chapter 800      | lewdness and indecent exposure  |
| _____ | Section 806.01   | arson   |
| _____ | Chapter 812      | felony theft and/or robbery   |
| _____ | Sections 817.563 | fraudulent sale of controlled substances, if the offense was a felony   |
| _____ | 825.102          | abuse, aggravated abuse, or neglect of disabled adults or elderly persons   |
| _____ | 825.1025         | lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult  |
| _____ | 825.103          | exploitation of disabled adults or elderly persons, if the offense was a felony   |



_____	826.04	incest
_____	827.03	child abuse, aggravated child abuse, or neglect of a child
_____	827.04	contributing to the delinquency or dependency of a child
_____	827.05	negligent treatment of children
_____	827.071	sexual performance by a child
_____	843.01	resisting arrest with violence
_____	Chapter 847	obscene literature
_____	Section 847.05(1)	encouraging or recruiting another to join a criminal gang
_____	Chapter 893	drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
_____	Section 985.4045	sexual misconduct in juvenile justice programs

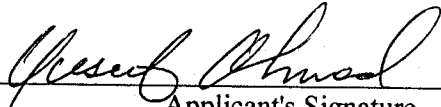
Explanation: (Provide details of any items initialed above. Attach another sheet if necessary.)

<u>Description</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The above statements are true and complete to the best of my knowledge.

INITIAL:

By signing this section, I affirm that I have not been charged, found guilty or entered a plea of guilty or nolo contendere (no contest), regardless of the adjudication, to any of the foregoing charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction. I also affirm that I do not have a delinquency record that is similar to any of these offenses.

  
 \_\_\_\_\_  
 Applicant's Signature

8/25/08  
 \_\_\_\_\_  
 Date

**OR**

By signing this section, I declare that my record may contain one or more of the foregoing Disqualifying charges, acts or offences and that the explanation I have provided is complete and true with regard to any of the above charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

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PARKS AND RECREATION DEPARTMENT**

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APPLICANT:

Skip JACKSON

Please print complete name

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_____	Sections 393.135	relating to sexual misconduct with certain developmentally disabled clients
_____	394.4593	relating to sexual misconduct with certain mental Health patients
_____	Sections 415.111	adult abuse, neglect, or exploitation of aged person or disabled adults
_____	741.30	domestic violence and injunction for protection (defined in 741.28) means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, etc. of a family or household member
_____	782.04	murder
_____	782.07	manslaughter, aggravated manslaughter of anelderly person or disabled adult, or aggravated manslaughter of a child
_____	782.071	vehicular homicide
_____	782.09	killing an unborn child by injury to the mother
_____	784.011	assault, if the victim of offense was a minor
_____	784.021	aggravated assault
_____	784.03	battery, if the victim of offense was a minor
_____	784.045	aggravated battery
_____	787.01	kidnapping
_____	787.02	false imprisonment
_____	787.04(2)	taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings
_____	787.04(3)	carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
_____	790.115(1)	exhibiting firearms or weapons within 1,000 feet of a school
_____	790.115(2b)	possessing an electric weapon or device, destructive device, or other weapon on school property
_____	794.011	sexual battery
_____	794.041	prohibited acts of persons in familial or custodial authority (former)
_____	Chapter 796	prostitution
_____	Section 798.02	lewd and lascivious behavior
_____	Chapter 800	lewdness and indecent exposure
_____	Section 806.01	arson
_____	Chapter 812	felony theft and/or robbery
_____	Sections 817.563	fraudulent sale of controlled substances, if the offense was a felony
_____	825.102	abuse, aggravated abuse, or neglect of disabled adults or elderly persons
_____	825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
_____	825.103	exploitation of disabled adults or elderly persons, if the offense was a felony

_____	826.04	incest
_____	827.03	child abuse, aggravated child abuse, or neglect of a child
_____	827.04	contributing to the delinquency or dependency of a child
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_____	843.01	resisting arrest with violence
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_____	Chapter 893	drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
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Explanation: (Provide details of any items initialed above. Attach another sheet if necessary.)

Description

Dates

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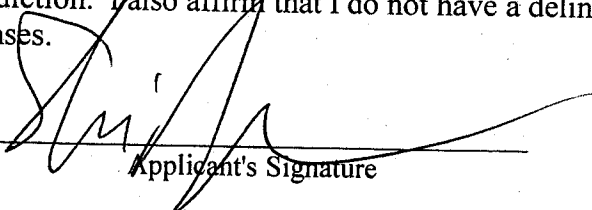
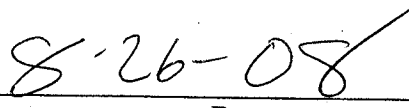


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Applicant's Signature Date

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Applicant's Signature Date

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PARKS AND RECREATION DEPARTMENT**

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APPLICANT: Takeisha Leora St. (Saint) Hilaire.  
Please print complete name

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- |       |                  |   |
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| _____ | Chapter 800      | lewdness and indecent exposure  |
| _____ | Section 806.01   | arson   |
| _____ | Chapter 812      | felony theft and/or robbery   |
| _____ | Sections 817.563 | fraudulent sale of controlled substances, if the offense was a felony   |
| _____ | 825.102          | abuse, aggravated abuse, or neglect of disabled adults or elderly persons   |
| _____ | 825.1025         | lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult  |
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_____	826.04	incest
_____	827.03	child abuse, aggravated child abuse, or neglect of a child
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Description

Dates

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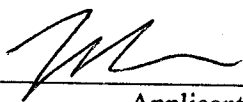


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Applicant's Signature

8/23/08

Date

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APPLICANT: Jairmiya Isaac St. Hilaire  
Please print complete name

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| _____ | 784.03           | battery, if the victim of offense was a minor   |
| _____ | 784.045          | aggravated battery  |
| _____ | 787.01           | kidnapping  |
| _____ | 787.02           | false imprisonment  |
| _____ | 787.04(2)        | taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings  |
| _____ | 787.04(3)        | carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person   |
| _____ | 790.115(1)       | exhibiting firearms or weapons within 1,000 feet of a school  |
| _____ | 790.115(2b)      | possessing an electric weapon or device, destructive device, or other weapon on school property   |
| _____ | 794.011          | sexual battery  |
| _____ | 794.041          | prohibited acts of persons in familial or custodial authority (former)  |
| _____ | Chapter 796      | prostitution  |
| _____ | Section 798.02   | lewd and lascivious behavior  |
| _____ | Chapter 800      | lewdness and indecent exposure  |
| _____ | Section 806.01   | arson   |
| _____ | Chapter 812      | felony theft and/or robbery   |
| _____ | Sections 817.563 | fraudulent sale of controlled substances, if the offense was a felony   |
| _____ | 825.102          | abuse, aggravated abuse, or neglect of disabled adults or elderly persons   |
| _____ | 825.1025         | lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult  |
| _____ | 825.103          | exploitation of disabled adults or elderly persons, if the offense was a felony   |

_____	826.04	incest
_____	827.03	child abuse, aggravated child abuse, or neglect of a child
_____	827.04	contributing to the delinquency or dependency of a child
_____	827.05	negligent treatment of children
_____	827.071	sexual performance by a child
_____	843.01	resisting arrest with violence
_____	Chapter 847	obscene literature
_____	Section 847.05(1)	encouraging or recruiting another to join a criminal gang
_____	Chapter 893	drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
_____	Section 985.4045	sexual misconduct in juvenile justice programs

Explanation: (Provide details of any items initialed above. Attach another sheet if necessary.)

Description

Dates

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The above statements are true and complete to the best of my knowledge.

INITIAL:

By signing this section, I affirm that I have not been charged, found guilty or entered a plea of guilty or nolo contendere (no contest), regardless of the adjudication, to any of the foregoing charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction. I also affirm that I do not have a delinquency record that is similar to any of these offenses.

*Jawmign St. Pierre*

Applicant's Signature

8/23/08

Date

**OR**

By signing this section, I declare that my record may contain one or more of the foregoing Disqualifying charges, acts or offences and that the explanation I have provided is complete and true with regard to any of the above charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction.

Applicant's Signature

Date



**Palm Beach County  
Parks and Recreation Department**

**Contractor Background Screening  
Consent/Release Form**

Applicant's Social Security Number [REDACTED]

Full Name (print) Janet Marie Sprague Sex F Race W

Date of Birth 10-5-66 Driver's License No. Saint Hilaire

Address 2325 Redwood Rd

City West Palm Beach State FL Zip 33409

I, Janet Sprague, authorize and give consent for Palm Beach County to obtain information regarding myself. This includes the following:

- County, State, and/or National Criminal History Background Records/Information Checks
- Sex Offender Registry Checks
- Current and Former Addresses
- Social Security Number Verification

I, the undersigned, authorize the above information to be obtained by Palm Beach County either in writing or via telephone in connection with my agreement to enter into a contract with Palm Beach County. I hereby release and hold Palm Beach County, its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, associated with obtaining or releasing the above information. Information obtained by Palm Beach County will be held in confidence in accordance with Palm Beach County's policies and procedures and state and federal law.

Print Name: Janet Sprague Date: 8/23/08

Signature: [Handwritten Signature]

ENTERED  
12/2/08







**Palm Beach County  
Parks and Recreation Department**

**Contractor Background Screening  
Consent/Release Form**

Applicant's Social Security Number [REDACTED]

Full Name (print) Yusef Ahmed Sex M Race B/K

Date of Birth 8/15/80 Driver's License No. A530-98-30-295-0

Address 1367 Fairfax Circle E

City Boynton Bch State FL Zip 33436

I, Yusef Ahmed, authorize and give consent for Palm Beach County to obtain information regarding myself. This includes the following:

- County, State, and/or National Criminal History Background Records/Information Checks
- Sex Offender Registry Checks
- Current and Former Addresses
- Social Security Number Verification

I, the undersigned, authorize the above information to be obtained by Palm Beach County either in writing or via telephone in connection with my agreement to enter into a contract with Palm Beach County. I hereby release and hold Palm Beach County, its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, associated with obtaining or releasing the above information. Information obtained by Palm Beach County will be held in confidence in accordance with Palm Beach County's policies and procedures and state and federal law.

Print Name: Yusef Ahmed Date: 8-20-08

Signature: Yusef Ahmed

ENTERED  
12/3/08





**Palm Beach County  
Parks and Recreation Department**

**Contractor Background Screening  
Consent/Release Form**

Applicant's Social Security Number [REDACTED]

Full Name (print) SKIP JACKSON Sex M Race White

Date of Birth 5-11-65 Driver's License No. 5250-739-65-171-0

Address 2106 Chagall Circle

City West Palm Beach State FL Zip 33409

I, SKIP JACKSON, authorize and give consent for Palm Beach County to obtain information regarding myself. This includes the following:

- County, State, and/or National Criminal History Background Records/Information Checks
- Sex Offender Registry Checks
- Current and Former Addresses
- Social Security Number Verification

I, the undersigned, authorize the above information to be obtained by Palm Beach County either in writing or via telephone in connection with my agreement to enter into a contract with Palm Beach County. I hereby release and hold Palm Beach County, its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, associated with obtaining or releasing the above information. Information obtained by Palm Beach County will be held in confidence in accordance with Palm Beach County's policies and procedures and state and federal law.

Print Name: SKIP JACKSON Date: 8-25-08

Signature: [Handwritten Signature]

ENTERED  
12/3/08





**Palm Beach County  
Parks and Recreation Department**

**Contractor Background Screening  
Consent/Release Form**

Applicant's Social Security Number [REDACTED]

Full Name (print) Takeisha Leora St. Hilaire Sex F Race B

Date of Birth 8-23-84 Driver's License No. 5346-812-84-803-0

Address 2325 Redwood Road

City West Palm Beach State FL Zip 33409

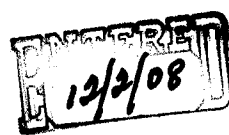
I, Takeisha St. Hilaire, authorize and give consent for Palm Beach County to obtain information regarding myself. This includes the following:

- County, State, and/or National Criminal History Background Records/Information Checks
- Sex Offender Registry Checks
- Current and Former Addresses
- Social Security Number Verification

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Print Name: Takeisha St. Hilaire Date: 8/23/08

Signature: [Handwritten Signature]





**Palm Beach County  
Parks and Recreation Department**

**Contractor Background Screening  
Consent/Release Form**

Applicant's Social Security Number [REDACTED]

Full Name (print) Jairmiya<sup>Isaac</sup> St. Hilaire Sex M Race B  
Date of Birth 11/10/91 Driver's License No. S346-429-91-410-0  
Address 2325 Redwood Rd  
City West Palm Beach State FL Zip 33409

I, Jairmiya St. Hilaire, authorize and give consent for Palm Beach County to obtain information regarding myself. This includes the following:

- County, State, and/or National Criminal History Background Records/Information Checks
- Sex Offender Registry Checks
- Current and Former Addresses
- Social Security Number Verification

I, the undersigned, authorize the above information to be obtained by Palm Beach County either in writing or via telephone in connection with my agreement to enter into a contract with Palm Beach County. I hereby release and hold Palm Beach County, its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, associated with obtaining or releasing the above information. Information obtained by Palm Beach County will be held in confidence in accordance with Palm Beach County's policies and procedures and state and federal law.

Print Name: Jairmiya St. Hilaire Date: 8/25/08

Signature: Jairmiya St. Hilaire

ENTERED  
12/2/08

