Agenda Item #: 3.M.2.

#### PALM BEACH COUNTY **BOARD OF COUNTY COMMISSIONERS**

| AGENDA ITEM SUMMARY   |   |   |  |  |
|---|---|---|--|--|
| Meeting Date: March 17, 2009  | [X] Consent<br>[ ] Ordinance  | [] Regular<br>[] Public Hearing   |  |  |
| Department: Parks and Recreation  | •   |   |  |  |
| Submitted By: Parks and Recreation Dep  | <u>partment</u>   |   |  |  |
| Submitted For: Parks and Recreation Dep   | <u>partment</u>   |   |  |  |
| <u>I. EXE</u>   | CUTIVE BRIEF  |   |  |  |
| Motion and Title: Staff recommends m<br>Preserving Our Cultural Heritage, Inc. (E<br>December 30, 2009, in an amount not-to-exc<br>programs.  | EPOCH) for the period   | March 17, 2009, through   |  |  |
| Summary: This funding is to help offset cost<br>EPOCH at the Spady House Cultural Her<br>Approximately 300 children and youth participal<br>reimbursement of eligible expenses incurred<br>Recreation Assistance Program (RAP) District | itage Museum and the I<br>pate in these programs. The<br>I subsequent to October 1, | Delray Full Service Center. he Agreement allows for the 2008. Funding is from the |  |  |
| Background and Justification: EPOCH is a cultural education (past and present) and life the south County area. The Spady Kids Cult  | enrichment skills to unders   | served children and youth in  |  |  |

mentor, and empower youth in their personal growth and development through a series of insightful activities, individual/group/intergenerational mentoring experiences, and cultural education activities.

The total annual cost of the Spady Kids Cultural Club programs is approximately \$130,848 for personnel costs, educational materials and supplies, contractual services, and other miscellaneous expenses. The \$8,000 from District 7 RAP funding will help offset a portion of these expenses. The Agreement has been executed on behalf of Expanding and Preserving Our Cultural Heritage, Inc., and now needs to be approved by the Board of County Commissioners.

Attachment: Agreement Recommended by: Department Director Approved by: stant County Administrator

## II. FISCAL IMPACT ANALYSIS

| A. Five Year Summary of Fiscal Impact:  |                                   |                                    |                               |                                 |                          |  |  |
|---|-----------------------------------|------------------------------------|-------------------------------|---------------------------------|--------------------------|--|--|
| Fiscal Years  | 2009                              | 2020                               | 2011                          | 2012                            | 2013                     |  |  |
| CAN Expenditures Operating Costs External Revenues Program Income (County) In-Kind Match (County) | 8,000<br>-0-<br>-0-<br>-0-<br>-0- | -0-<br>-0-<br>-0-<br>-0-           | -0-<br>-0-<br>-0-<br>-0-      | -0-<br>-0-<br>-0-<br>-0-<br>-0- | -0-<br>-0-<br>-0-<br>-0- |  |  |
| NET FISCAL IMPACT   | 8,000                             | -0-                                | <u>-0-</u>                    | 0                               | 0                        |  |  |
| # ADDITIONAL FTE POSITIONS (Cumulative)   | :                                 |                                    |                               |                                 |                          |  |  |
| Is Item Included in Curren<br>Budget Account No.:   |                                   | Department &                       |                               | <u>7</u>                        |                          |  |  |
| B. Recommended Source   | es of Funds/S                     | ummary of Fis                      | scal Impact:                  |                                 |                          |  |  |
| FUND: Park Improvem UNIT: RAP/Transporta  | ent Fund/Recretion Improvement    | eation Assistar<br>ent Fund-Distri | nce Program<br>ct 7           |                                 |                          |  |  |
| 3600-583-R917-020-82  | 201                               | \$8,000                            |                               |                                 |                          |  |  |
| C. Departmental Fiscal F  | Review:                           | ckopelaki                          | V                             |                                 |                          |  |  |
|   |                                   |                                    |                               |                                 | •                        |  |  |
|   | III. RE                           | EVIEW COMME                        | ENTS                          |                                 |                          |  |  |
| A. OFMB Fiscal and/or Contract Development and Control Comments:                                  |                                   |                                    |                               |                                 |                          |  |  |
| Spm. On 2-27<br>OPMB  | -09<br>2/18/09                    | Co                                 | In J. Intract Developing      | hand and control                | <u>)24)</u> 99<br>9      |  |  |
| B. Legal Sufficiency: か   | 1 <sub>3</sub> 34.                |                                    | This Contract contract review | complies with our vequirements. |                          |  |  |
| Assistant County Attorne  | 2/25/09<br>ey                     |                                    |                               |                                 | ·                        |  |  |
| C. Other Department Review:   |                                   |                                    |                               |                                 |                          |  |  |
|   | •                                 |                                    |                               |                                 |                          |  |  |
| Department Director   |                                   |                                    |                               |                                 |                          |  |  |

REVISED 10/95 ADM FORM 01

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# AGREEMENT BETWEEN PALM BEACH COUNTY AND EXPANDING AND PRESERVING OUR CULTURAL HERITAGE, INC. FOR FUNDING OF 2008-2009 SPADY KIDS CULTURAL CLUB PROGRAMS

THIS AGREEMENT is made and entered into on \_\_\_\_\_\_, by and between Palm Beach County, a political subdivision of the State of Florida, hereinafter referred to as "County", and Expanding and Preserving our Cultural Heritage, Inc., a Florida not-for-profit corporation authorized to do business in the State of Florida, hereinafter referred to as "EPOCH".

#### WITNESSETH:

WHEREAS, EPOCH is a not-for-profit organization whose purpose is to offer cultural education (past and present) and life enrichment skills to underserved children and youth in the south county area; and

WHEREAS, EPOCH sponsors the Spady Kids Cultural Club, which is a year round program designed to support, mentor, and empower youth in their personal growth and development through a series of insightful activities, individual/group/intergenerational mentoring experiences, and cultural education activities; and

WHEREAS, the Spady Kids Cultural Club meets at the Spady House Cultural Heritage Museum, and Delray Full Service Center, and serves approximately three hundred (300) children and youth from ages six (6) through eighteen (18) annually; and

WHEREAS, the total cost of annual operational costs for the Spady Kids Cultural Club is approximately \$130,848 for personnel costs, educational materials and supplies, contractual services, and other miscellaneous expenses; and

WHEREAS, EPOCH has requested that County provide \$8,000 to help offset expenses for the Spady Kids Cultural Club; and

WHEREAS, funding for the Spady Kids Cultural Club in an amount not-to-exceed \$8,000 is available from the Recreation Assistance Program (RAP) District 7; and

WHEREAS, community programs benefiting children of Palm Beach County are deemed a public purpose; and

WHEREAS, both parties desire to enter into this Agreement.

**NOW THEREFORE,** in consideration of the covenants and promises contained herein, the parties hereby agree to the following terms and conditions:

- 1. County agrees to fund an amount not to exceed \$8,000 to EPOCH for the Spady Kids Cultural Club Program for personnel costs, educational materials and supplies, contractual services, and other miscellaneous, as set forth in Exhibit "A", attached hereto and incorporated herein, hereinafter referred to as the "Project".
- 2. County will use its best efforts to provide said funds to EPOCH on a reimbursement basis within forty-five (45) days of receipt of the following information:
- a. A written statement that the Project, as specified herein, was carried out in accordance with this Agreement; and
- b. A Contract Payment Request Form and a Contractual Services Purchases Schedule Form attached hereto and made a part hereof as Exhibit "B", which are required for each and every reimbursement requested by EPOCH. Said information shall list each invoice paid by EPOCH and shall include the vendor invoice number; invoice date; and the amount paid by EPOCH along with the number and date of the respective check or proof of payment for said payment. EPOCH shall attach a copy of each vendor invoice paid by EPOCH along with a copy of the respective check or proof of payment and shall make reference thereof to the applicable item listed on the Contractual Services Purchases Schedule. Further, EPOCH's Program Administrator and Project Financial Officer shall certify the total funds spent by EPOCH on the Project and shall also certify that each vendor invoice, as listed on the Contractual Services Purchases Schedule was paid by EPOCH and approved by EPOCH as indicated.
- 3. EPOCH incurred expenses for the Project beginning on October 1, 2008. Those costs incurred by EPOCH for the Project, approved and submitted accordingly by EPOCH subsequent to October 1, 2008, are eligible for reimbursement by County pursuant to the terms and conditions hereof.
- 4. RAP funds may be used as a match for other local, state, or federal grant programs, but EPOCH may not submit reimbursement requests for the same expenses to the County as other fund sources to receive duplicate reimbursement for the same expenses.
- 5. EPOCH warrants that it is an active not-for-profit corporation, duly chartered and registered with the Florida Department of State, Division of Corporations.
  - 6. EPOCH agrees, warrants, and represents that all of the employees and

participants in the Project will be treated equally during employment and for the provision of services without regard to residency, race, color, religion, disability, sex, age, national origin, ancestry, marital status, sexual orientation, or gender identity or expression.

- 7. EPOCH shall be responsible for the operation and maintenance of the Project, including all associated costs.
- 8. The term of this Agreement shall be until December 30, 2009, commencing upon the date of execution by the parties hereto.
- 9. The parties agree that, in the event EPOCH is in default of its obligations under this Agreement, the County shall provide EPOCH thirty (30) days written notice to cure the default. In the event EPOCH fails to cure the default within the thirty (30) day cure period, the County shall have no further obligation to honor reimbursement requests submitted by EPOCH for the Project deemed to be in default and EPOCH shall return any County RAP funds already collected by EPOCH for that Project.
- 10. Notwithstanding any provision of this Agreement to the contrary, this Agreement may be terminated by the County, without cause, upon thirty (30) days prior written notice to the other party. This Agreement may be terminated by the County with cause, upon expiration of the thirty (30) day cure period provided for in Section 9 above.
- 11. EPOCH shall complete the Project by September 30, 2009, and invoices and checks submitted for reimbursement must be dated within the project time frame of October 1, 2008, through September 30, 2009. EPOCH shall provide its final reimbursement request(s), including a project completion statement and reimbursement documentation as indicated in Section 2 above on or before December 30, 2009. Upon written notification to County at least ninety (90) days prior to that date EPOCH may request an extension beyond this period for the purpose of completing the Project. County shall not unreasonably deny EPOCH's request for said extension.
- 12. In the event EPOCH ceases to exist, or ceases or suspends the Project for any reason, any remaining unpaid portion of this Agreement shall be retained by County, and County shall have no further obligation to honor reimbursement requests submitted by EPOCH. The determination that EPOCH has ceased or suspended the Project shall be made by County and EPOCH agrees to be bound by County's determination.
  - 13. EPOCH agrees to abide by, and be governed by, all applicable federal, state,

county, and municipal laws, including but not limited to, Palm Beach County's ordinances, as said laws and ordinances exist and are amended from time to time. In entering into this Agreement, Palm Beach County does not waive the requirements of any County or local ordinance or the requirements of obtaining any permits or licenses normally required to conduct business or activity conducted by EPOCH. Failure to comply may result in County's refusal to honor reimbursement requests for the Project.

14. County reserves the right to withhold reimbursement if the Project is not completed as specified in Exhibit "A".

15. It is understood and agreed that EPOCH is merely a recipient of County funding and is an independent contractor and is not an agent, servant or employee of County or its Board of County Commissioners. It is further acknowledged that the County only contributes funding under this Agreement and operates no control over the Project. In the event a claim or lawsuit is brought against County or any of its officers, agents or employees, EPOCH shall indemnify, save and hold harmless and defend the County, its officers, agents, and/or employees from and against any and all claims, liabilities, losses, judgments, and/or causes of action of any type arising out of or relating to any act or omission of EPOCH, its agents, servants and/or employees in the performance of this Agreement. The foregoing indemnification shall survive termination of this Agreement.

In consideration for reimbursement of costs incurred prior to the term of this Agreement, the foregoing indemnification shall apply not only during the term of this Agreement but also for the period prior to the Agreement for which EPOCH is eligible to receive reimbursement from the County.

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

Commercial General Liability. EPOCH shall maintain Commercial General

Liability at a limit of liability not less than \$500,000 Each Occurrence. Coverage shall not contain any endorsement excluding Contractual Liability or Cross Liability unless granted in writing by County's Risk Management Department. EPOCH shall provide this coverage on a primary basis.

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

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

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

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

operate legally.

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

auditor.

18. EPOCH shall maintain books, records, documents and other evidence that

sufficiently and properly reflect all costs of any nature expended in the performance of this

Agreement for a period of not less than five (5) years. Upon advance notice to EPOCH,

County shall have the right to inspect and audit said books, records, documents and other

evidence during normal business hours.

19. The County and EPOCH may pursue any and all actions available under law to

enforce this Agreement including, but not limited to, actions arising from the breach of any

provision set forth herein.

20. This Agreement shall be governed by the laws of the State of Florida and any

and all legal action necessary to enforce this Agreement shall be held in Palm Beach

County.

21. As provided in Section 287.132-133, Florida Statutes, by entering into this

Agreement or performing any work in furtherance hereof, EPOCH certifies that it, its

affiliates, suppliers, subcontractors and consultants who will perform hereunder, have not

been placed on the convicted vendor list maintained by the State of Florida Department of

Management Services within the thirty six (36) months immediately preceding the date

hereof. This notice is required by Section 287.133 (3) (a), Florida Statutes.

22. This Agreement represents the entire agreement between the parties and

supersedes all other negotiations, representations, or agreement, written or oral, relating to

this Agreement. This Agreement may be modified and amended only by written instrument

executed by the parties hereto.

23. Any notice given pursuant to the terms of this Agreement shall be in writing and

hand delivered or sent by U.S. mail. All notices shall be addressed to the following:

As to the County:

Director of Parks and Recreation

Palm Beach County Parks and Recreation Department

2700 Sixth Avenue South

Lake Worth, Florida 33461

As to EPOCH:

Executive Director Expanding and Preserving Our Cultural Heritage, Inc. (EPOCH) 170 N.W. 5<sup>th</sup> Avenue, Delray Beach, FL 33444

24. This Agreement is made solely and specifically among and for the benefit of the parties hereto, and no other person shall have any rights, interest, or claims hereunder or be entitled to any benefits under or on account of this Agreement as a third-party beneficiary or otherwise.

**IN WITNESS WHEREOF**, the undersigned parties have signed this Agreement on the date first above written.

| BOARD OF COUNTY COMMISSIONERS   |
|---|
| By:<br>Commissioner John F. Koons, Chairman   |
| EXPANDING AND PRESERVING OUR CULTURAL HERITAGE, INC. EIN Number: 65-0687303  By: Vera R. Farrinaton Name (Type or Print)  Title: President  By: Signature |
| APPROVED AS TO TERMS AND CONDITIONS  By Dennis L. Eshleman, Director Parks and Recreation Department  |
|   |

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

Name of Agency: Expanding & Preserving Our Cultural Heritage, Inc. (EPOCH)

Address: 170 North West 5th Avenue, Delray Beach, FL 33444

Federal Employer Identification Number: 65-0687303

Name of President: **Vera R. Farrington**Name of Executive Director: **Daisy M. Fulton** 

Project Liaison Information: Name: **Daisy M. Fulton** 

Telephone #: 561.279.8883

Fax #: 561.279.2230

e-mail: dfulton@spadymuseum.org

#### **PROJECT INFORMATION**

- 1. Name of Project: Spady Kids Cultural Club programs
- 2. Project Description
  - General (Project Scope):

The year-round program focuses on underserved and at-risk children. The program is designed to support, mentor, and empower youth in their personal growth and development. Through a series of insightful activities, mentoring experiences and cultural educational workshops, elementary through high school children will explore and experience the world around them as it relates to understanding their cultural heritage; having respect for themselves and others; researching their family histories; and fostering civic responsibility.

The program components are built on cultural education (past and present) and life enrichment skills. EPOCH Kids Cultural Club modules and activities are currently organized at increasing levels of competency based on the children's age and development. Activities involve about 15 to 25 children in each of the three age streams (ages 6-9, 10-14, and 15-18). From these program modules future activities will be established.

Public Purpose:

This program offers cultural education and life enrichment skills to the underserved children and youth in our community.

Location:

Spady Cultural Heritage Museum, Delray Full Service Center

- Anticipated Number of Participants/Users:
   300
- 3. Project Elements: List anticipated broad categories of Expenditure Items such as capital outlay, contractual services, personnel costs, operational expenses, equipment, and "Other Miscellaneous Project expenses". <u>Do not include expenditure line item budget/ amounts.</u>

- 4. Estimated Lump Sum Total for Project: \$ 130,848
- 5. Project Initiation date (date of first invoice for which reimbursement will be requested) and anticipated End date (date which project will be completed and all invoices paid). October 1, 2008 to September 30, 2009

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

| 6.  | Required Attachments:  Certificate of Insurance |                       |              |   |
|-----|---|-----------------------|--------------|---|
| Amo | unt of Recreation Assistance Pi                 | ogram Funding awarded | <br>\$ 8,000 |   |
|     |   | og.a.m.               | District     | 7 |

Form available online by request. Contact Susan Yinger at <a href="mailto:syinger@pbcgov.com">syinger@pbcgov.com</a>



#### PALM BEACH COUNTY PARKS AND RECREATION DEPARTMENT

#### **CONTRACT PAYMENT REQUEST**

Date

| Grantee:  |              | Project Name:  |   |  |
|---|--------------|--|---|--|
| Submission #:   |              | Reimbursement Period:  | ·   |  |
| ltem  | . <u>Key</u> | Project Costs This Submission  | Cumulative Project Costs  |  |
| Contractual Services  | (C)          |  |   |  |
| Salary & Wages (% of salaries)  | (S)          |  |   |  |
| Materials, Supplies, Direct Purchases   | (M)          | · · · · · · · · · · · · · · · · · · ·  |   |  |
| Equipment   | (E)          |  |   |  |
| Travel  | (T)          |  |   |  |
| Indirect Costs  | (1)          |  |   |  |
| TOTAL PROJECT COSTS   |              |  |   |  |
| C = Contractual Services S = Salary & Wages M = Materials, Supplies, Direct P E = Equipment T = Travel I = Indirect Costs                         | urchases     |  |   |  |
| Certification: I hereby certify that the above expenses were incurred for the work identifie being accomplished in the attached progress reports. | d as         | Certification: I hereby certi<br>been maintained as require<br>expenses reported above a<br>request. | d to support the project  |  |
| Administrator Date  | <u> </u>     | Financial Officer  | Date  |  |
| •   |              |  | •   |  |
|   | . !          | PBC USE ONLY   |   |  |
| County Funding Participation  |              | \$   | ·   |  |
| Total Project Costs To Date:  |              | \$   |   |  |
| County Obligation To Date   |              | \$   |   |  |
| County Retainage ( %)   | ;            | \$   |   |  |
| County Funds Previously Disburs   | sed          | \$   |   |  |
| County Funds Due this Billing   |              | \$   |   |  |
| Reviewed and Approved By:   | PBC P        | roject Administrator   | Date  |  |
|   |              |  | Market and the second |  |
|   | Departi      | ment Director  | Date  |  |



Key Legend

C = Contractual Services

S = Salary & Wages

M = Materials, Supplies, Direct Purchases

E = Equipment

T = Travel

I = Indirect C

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

**EXHIBIT B** 

|          | <u></u>  |   |                 | <b>i</b> | Da   | ite  |  |  | . *                |
|----------|--|---|-----------------|----------|--|--|--|--|--------------------|
|          | Grantee:   |   | -               |          | Proj   | ect Name:                                  |  |  | <del></del>        |
|          | Submittal #:   |   | ·               |          | Con  | tract Reimburseme                          | ent Period:  |  |                    |
|          |  |   |                 |          |  |  |  |  |                    |
|          |  |   | Check or        | Voucher  | inve   | oice                                       |  |  |                    |
| <u>P</u> | ayee (Vendor/Contractor)   | Key                                     | Number          | Date     | Number   | Date                                       | Amount   | Expense Description  |                    |
|          |  |   |                 |          |  |  |  |  |                    |
|          | · · · · · · · · · · · · · · · · · · ·                                  |   | -               |          |  |  |  | The second secon |                    |
|          | · · · · · · · · · · · · · · · · · · ·                                  |   |                 |          |  |  |  |  | <del>-</del>       |
|          |  |   |                 | ·        | · · · · · · · · · · · · · · · · · · ·          |  |  |  | ·                  |
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|          |  | *************************************** |                 |          |  |  | 4  |  |                    |
|          |  |   |                 |          |  |  |  |  |                    |
|          |  |   |                 |          |  |  |  |  | · ·                |
|          |  |   |                 |          |  | TOTAL \$                                   |  |  |                    |
|          |  |   |                 |          |  | •  |  |  |                    |
| a        | Certification: I hereby certify that the pur complishing this project. | chases n                                | oted above were | used in  | Certification: I her documentation ha request. | eby certify that bid<br>ve been maintained | tabulations, executed con<br>d as required to support th | tract, cancelled checks, and other purchas<br>e costs reported above and are available fo  | ing<br>or audit up |
|          | Administrator  |   | Date            |          | <u></u>  |  |  | Date   |                    |

| 74      | Kinley Financial Ser<br>5 North Andrews Aver   | 845A  | HOLDER                           | VID CONFERS NO<br>L THIS CERTIFIC | UED AS A MATTER OF<br>RIGHTS UPON THE CE<br>ATE DOES NOT AMEND<br>VFFORDED BY THE POI | RITIFICATE             |
|---------|--|---|----------------------------------|-----------------------------------|---|------------------------|
| F.C     | rt Lauderdale FL 33:   | 301   |                                  |                                   |   |                        |
| Pho     | mes Drake<br>1880 954-938-2685 Fe  | x no. 954-938-2695  | COMPANY                          |                                   | ES AFFORDING COVER  |                        |
| NSI     | IRED   |   | COMPANY<br>8                     |                                   | cican Insurance   |                        |
|         | EPOCH, Inc.<br>Clarence Vaughn   |   | COMPANY                          |                                   |   |                        |
| 117     | 17 NW 4th Avenue<br>Delray Beach FL 3  | 3344  | COMPANY                          |                                   |   |                        |
|         | CERTIFICATE MAY BE 1981/FD OR MAY B  | OF RESTANCE LETTED BELOW HAVE BEEN<br>COUREMENT, TERM OR CONDITION OF ANY C<br>ERTAIN, THE INSURANCE AFFORDED BY THE<br>I POLICIES, LIMITE SHOWN MAY HAVE BEEN  | CHIRACI DR DINERI                | Jucument with res                 | THE POLICY PERIOD<br>PECT TO WHICH THIS<br>DAIL THE TERMS                             |                        |
| 8F      | TYPE OF INSURANCE  | POLICY NUMBER   | POLICY EFFECTIVE CATE (MM/DD/YY) | M8.                               |   | ITS                    |
|         | GENERAL LIABILITY  |   |                                  | and a financial if                | GENERAL AGGREGATE   |                        |
| A       | X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR   | MIR-050641  | 09/12/08                         | 09/12/09                          | PRODUCTS - COMPYOP AG   |                        |
| -       | CWNER'S & CONTRACTOR'S PROT  |   |                                  |                                   | PERSONAL & ADV INJURY  EACH OCCURRENCE  | \$100000               |
| ŀ       |  |   |                                  |                                   | FIRE DAMAGE (Any one fire)  |                        |
| 1       | AUTOMOBILE LIABILITY   |   |                                  | <u> </u>                          | MED EXP (Any one person)  | \$ 1000                |
|         | ANY AUTO ALL OWNED AUTOS   |   |                                  |                                   | COMBINED SINGLE LIMIT   | 5                      |
| -       | SCHEDULED AUTOS<br>HIRED AUTOS   |   |                                  |                                   | BODILY BUURY<br>(Par parson)  | 3                      |
| F       | NON-OWNED AUTOS  |   |                                  |                                   | BODRY MULIRY<br>(Per accident)  | \$                     |
| -       | ARAGELIABILITY   |   |                                  |                                   | PROPERTY DAMAGE   | s .                    |
|         | ANYAUTO  | A MAN A CONTRACT OF MAN AND A CONTRACT OF THE ANALYSIS OF THE |                                  |                                   | AUTO CINLY - EA ACCIDENT  | \$                     |
|         |  |   |                                  |                                   | OTHER THAN AUTO ONLY:   |                        |
| 1       | and the second s |   |                                  | }                                 | EACH ACCIDENT   | 3                      |
| E       | KCESS LIABILITY  |   |                                  |                                   | AGGREGATE<br>EACH OCCURRENCE  | \$                     |
| -       | OTHER THAN UMBRELLA FORM   |   |                                  | i-                                | AGGREGATE   | \$                     |
| W       | ORIGERS COMPENSATION AND IPLOYERS LIABILITY  |   |                                  |                                   | WC STATU- OTH-  |                        |
| Th      | E PROPRIETOR/  |   |                                  | ļ.                                | EL EACH ACCIDENT  | \$                     |
| P       | RTNERS/EXECUTIVE   |   |                                  |                                   | L DISEASE - POLICY LIMIT  | \$                     |
| 01      | HER  |   |                                  |                                   | EL DIBEASE - EA EMPLOYEE  | \$                     |
| ם       | irectors & Office  | MIR-050641<br>EPP6180747  | 09/12/08<br>07/16/08             | 09/12/09<br>07/16/09              | Contents<br>D&O   | \$150,000<br>\$1,000,0 |
| Ti.     | TION OF OPERATIONS ADCATIONS AVERHAL Ces. Certificate Ho cal Liability only.  CATE HOLDER  | CLESSPECIALITEMS<br>Ider is Named Addition  |                                  | •                                 | t to  |                        |
| ·,•,•,• |  |   | CANGELLATION                     |                                   |   |                        |
|         | 7-1  | •   | EXPIRATION DAT                   | THE PEPER THE 1881                | ED POLICIES BE CANCELLED ING COMPANY WILL ENDEAVE                                     | BEFORE THE             |
|         | Palm Beach County  | mandian Mark  | 30 DAYS W                        | TITEN NOTICE TO                   | E CERTIFICATE HOLDER NAM  | En TO THE              |
|         | Additional Insure  | d   | BUT FAILURE TO                   | MAIL SUCH NOTICE BI               | MALL IMPOSE NO OBLIGATION   | ORLIAND IT             |
|         | 2700 6th Avanue S<br>Lake Worth FL 334   | outh  | CIS-ART KIND UBG                 | N THE COMPANY, ITE                | AGENTS OR REPRESENTATIV   | ES.                    |
| س       |  | <b>□</b> T  | James Drake                      |                                   |   |                        |
| KD.     | 15-S-(1/85)  |   | 7                                |                                   | ACORD COR   | CRATION 198            |
|         |  | •   |                                  | -                                 |   |                        |
|         |  |   |                                  |                                   |   |                        |
|         |  |   |                                  |                                   |   |                        |
|         |  |   |                                  |                                   |   | . •                    |

# Technology Insurance Company

A Stock Insurance Company 20 Trafalgar Square, Suite 459 Nashua, NH 03063

WC 99 00 01 B

| MOKKEK2 COMETION IO.    |
|-------------------------|
| AND EMPLOYERS LIABILITY |
| WALL COLLEGE            |
| INSURANCE POLICY        |

INFORMATION PAGE

| Ncci Code: 39071  | Policy Number: TWC3168316  |
|---|--|
| 1. Insured:   |  |
| Expanding & Preserving Our Cultural Heritage, Inc.  | 数据 (A)   |
| (EPOCH)   | Individual Partnership   |
|   | X Corporation or   |
| 170 NW 5th Avenue   | Federal Tax ID: 650687303  |
| Deiray Beach FL 33444   | I colored a series   |
| Other workplaces not shown above:   | Risk Id:   |
| Other workplaces not shown above.   | Renewal of: New  |
| See Extension of Information Page   |  |
| Producer:   |  |
| AmTrust North America, Inc.   |  |
| c/o Standard Lines Brokerage, Inc.  |  |
| 5900 Hiatus Road  |  |
| Tomorac FI 33321  |  |
| 2. The policy period is from 4/22/2008 to 4/22/2009 12:01   | a.m. at the insured's mailing address.   |
| 3. A. Workers Compensation Insurance: Part One of the policy applies to   | o the Workers Compensation Law of  |
| the states listed here: Florida  B. Employers Liability Insurance: Part Two of the policy applies to w The limits of our liability under Part Two are:  State Bodily Injury by Accident Bodily Injury by Disea  FL \$ 100,000 each accident \$ 500,000 policy lim  C. Other States Insurance: Part Three of the policy applies to the state | Bodily Injury by Disease it \$ 100,000 each employee es, if any, listed here:  |
| All states except ND, OH, WA, WV, WY and State(s) Designated in   | item 3A.   |
| D. This policy includes these endorsements and schedules:<br>WC 00 00 00 A, WC 99 00 01 B, WC 00 04 04, WC 00 04 14, WC 09 04 03A, WC 09 06 06  | 00 04 19, WC 09 03 03, WC 09 04 02, WC   |
| 4. The premium for this policy will be determined by our Manuals of Rul   | es, Classifications, Rates and Rating  |
| Plans. All information required below is subject to verification and ch   | ange by audit.   |
| Plans. All information required eview is subject to   |  |
| See Extension of Information Page   | 2,548  |
| TOTAL ESTIMATED ANNUAL PREMIUM  | 0  |
| STATE ASSESSMENT  | The second secon |
| TOTAL ESTIMATED COST  | 2,548  |
| 그 사람들은 사람들이 되었다. 그 사람들은 사람들은 사람들은 사람들은 사람들이 되었다. 그 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은  | 315  |
| Minimum Premium   | 253  |
| Deposit Premium   | NV Note  |
| Issue Date: 4/23/2008 Countersigned by:   | to spring a port   |
|   | thorized Representative  |