

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2009	2010	2011	2012	2013
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>\$1.00</u>	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u><u>\$1.00</u></u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes _____ X _____ No _____

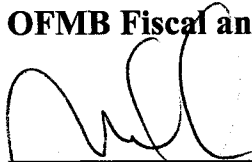
Budget Account No: Fund 1002 Dept 147 Unit 1451 Object 4410
 Program HD20

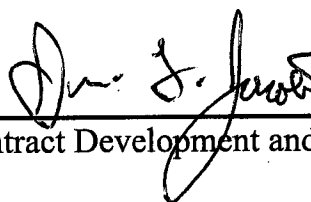
B. Recommended Sources of Funds/Summary of Fiscal Impact:

C. Departmental Fiscal Review: _____

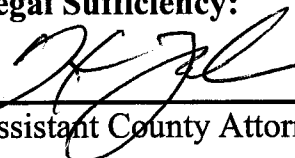
III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development Comments:


 OFMB 5/26/09
 M/SIM (ND) CN 5/12/09
 STB


 Contract Development and Control 5/28/09

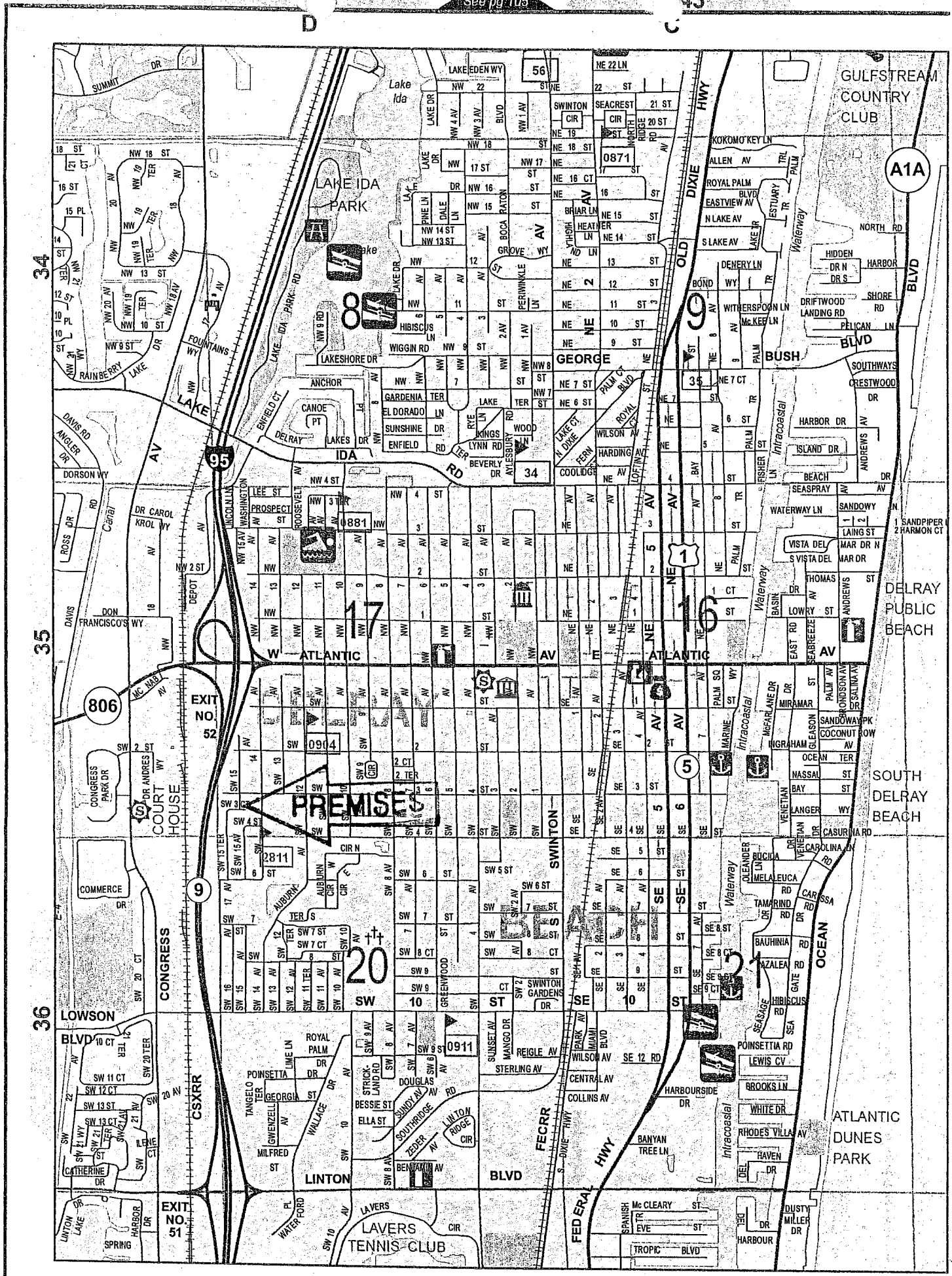
B. Legal Sufficiency:


5/28/09
 Assistant County Attorney

C. Other Department Review:

 Department Director

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



LOCATION MAP

ATTACHMENT #1

Handwritten signature or initials.



Facilities Development & Operations Department

Property and Real Estate Management Division

2633 Vista Parkway
West Palm Beach, FL 33411-5605

Telephone - (561) 233-0217
Facsimile - (561) 233-0210
www.pbcgov.com/fdo

Palm Beach County Board of County Commissioners

Jeff Koons, Chairman

Burt Aaronson, Vice Chairman

Karen T. Marcus

Shelley Vana

Steven L. Abrams

Jess R. Santamaria

District 7

County Administrator

Robert Weisman, P.E.

"An Equal Opportunity
Affirmative Action Employer"

June 2, 2009

Willie Jo Young, Principal
Delray Full Service Center
301 S.W. 14th Avenue
Delray Beach, FL 33444

Certified Mail
Return Receipt Requested

Re: Exercise of Second Option to Extend Lease Agreement (R2002-1349) dated August 20, 2002, between The School Board of Palm Beach County, Florida, and Palm Beach County, as amended July 10, 2007 (R2007-1111)

Dear Ms. Young:

Pursuant to Section 2.C. of the above-referenced Lease Agreement, as amended, Palm Beach County, on behalf of the Palm Beach County Department of Community Services, Division of Head Start and Children Services, as Tenant, is hereby exercising its second option to extend the term of said Lease Agreement for an additional period of one year from August 20, 2009 through August 19, 2010.

All other terms and conditions of the Lease Agreement shall remain the same.

ATTEST:

SHARON R. BOCK
CLERK & COMPTROLLER

PALM BEACH COUNTY, a political
subdivision of the State of Florida

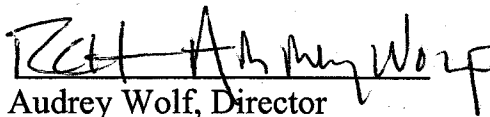
By: _____
Deputy Clerk

By: _____
John F. Koons, Chairman

APPROVED AS TO FORM
LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND
CONDITIONS

By: _____
Assistant County Attorney

By: 
Audrey Wolf, Director
Facilities Development & Operations

ATTACHMENT # 2

BUDGET AVAILABILITY STATEMENT

REQUEST DATE: 3/18/09 REQUESTED BY: Richard C. Bogatin, PREM PHONE: 561.233.0214
 FAX: 561.233.0210

PROJECT TITLE: Head Start Delray Full Service Center-Extension #2 PROJECT NO.: T/B/D

Fiscal Years	2009	2010			
Capital Expenditures	\$1.00	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>\$1.00</u>	=====	=====	=====	=====
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

*** By signing this BAS your department agrees to these staff costs and your account will be charged upon receipt of the BAS by FD&O. Unless there is a change in the scope of work, no additional staff charges will be billed.*

BUDGET ACCOUNT NUMBER

FUND: 1002 DEPT: 147 UNIT: 1451 OBJ: 4410 SUB OBJ: HD20

IS ITEM INCLUDED IN CURRENT BUDGET: YES NO

IDENTIFY FUNDING SOURCE FOR EACH ACCOUNT: (check all that apply)

- Ad Valorem (source/type: _____)
- Non-Ad Valorem (source/type: _____)
- Grant (source/type: _____)
- Park Improvement Fund (source/type: _____)
- General Fund
- Operating Budget
- Federal/Davis Bacon

Department: Community Services/Head Start

BAS APPROVED BY: [Signature] DATE: 4/23/09

ENCUMBRANCE NUMBER: 1002-147-1451-99-4410-HD20-6408

C:\Documents and Settings\HRandall\Local Settings\Temporary Internet Files\Content.Outlook\ILUNLZG5\BAS revenue_expense REV 1 (011209).doex

233-0210 fax

ATTACHMENT # 3

ACORD CERTIFICATE OF LIABILITY INSURANCE

06/04/2008

PRODUCER (561)994-9994 FAX (561)997-7087
 The Beacon Group, Inc.
 6001 Broken Sound Pkwy., N.W.
 Suite 500
 Boca Raton, FL 33487-2730

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 School District of Palm Beach Co.
 3370 Forest Hill Blvd.
 Suite A-103
 West Palm Beach, FL 33406

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: School District of Palm Beach County	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR ADD'L ITR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR *100,000 PER PERSON *200,000 PER OCCURRENCE GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	SUBJECT TO INSURER A: FLA STATUTE 768.28 *100,000 PER PERSON *200,000 PER OCCURRENCE	07/01/2008	07/01/2009	EACH OCCURRENCE \$ 100,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ excluded PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 200,000 PRODUCTS - COMPIOP AGG \$ included
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	SUBJECT TO INSURER A: FLA STATUTE 768.28 *100,000 PER PERSON *200,000 PER OCCURRENCE	07/01/2008	07/01/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 200,000 BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 100,000 PROPERTY DAMAGE (Per accident) \$ included
		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 \$ RETENTION \$	\$1,000,000 LEGISLATIVE CLAIMS BILL FLA STATUTE 768.29	07/01/2008	07/01/2009	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	FLA STATUTE 768.28	07/01/2008	07/01/2009	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 This certificate supercedes and voids all previous certificates. The School Board of Palm Beach County is self insured under the laws of the State of Florida for the above limits for full tort liability based on Florida Sovereign Immunity limits under F.S. 768.28. Excess bodily injury & property damage liability is limited to legislative claims under F.S.768.28. Excess bodily injury & property damage jurisdictions

CERTIFICATE HOLDER

Palm Beach County BOCC
 Risk Management Department
 Attn: Dick Cohen
 160 Australian Avenue
 Suite 401
 West Palm Beach, FL 33406

RISK MGMT.
 Received
 JUN 17 2008
 DEPT.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Donald Dresback, CPCU, ARM, *Donald Dresback*
 A072032