

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: November 3, 2009

☒ Consent

☐ Regular

☐ Ordinance

☐ 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: fully executed original Agreement for Recreation Assistance Program (RAP) funding as follows:

Agreement with Inner City Youth Golfers' Incorporated for the period September 17, 2009, through December 30, 2010, in an amount not-to-exceed \$2,500 for Youth Golf Program expenses.

Summary: Delegation of authority for execution of this standard Recreation Assistance Program (RAP) Agreement was approved by the Board on August 18, 2009 (6A-5). Funding is from RAP District 7 Funds. District 7 (AH)

Background and Policy Issues: On August 18, 2009, the Board approved funding allocations for four District 7 RAP projects allocated by Commissioner Taylor that replaced two allocations previously awarded by former Commissioner Addie Greene which were not viable projects. At that time, the Board also delegated authority to the County Administrator or his designee to execute Agreements for each project in the amounts stated.

The project addressed in this item is fully executed and is now being submitted for receive and file to provide for proper recording and budgeting.

Attachment: Fully executed Agreement

Recommended by: _____

Department Director

10/7/09
Date

Approved by: _____

Assistant County Administrator

10/27/09
Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2010	2011	2012	2013	2014
Capital Expenditures	<u>2,500</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
Operating Costs	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
External Revenues	<u>-0-</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>
NET FISCAL IMPACT	<u>2,500</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	<u>0</u>	<u></u>	<u></u>	<u></u>	<u></u>

Is Item Included in Current Budget? Yes X No
Budget Account No.: Fund 3600 Department 583 Unit R917
Object 8201 Program N/A

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

FUND: Park Improvement Fund/Recreation Assistance Program
UNIT: RAP/Transportation Improvement Fund-District 7

Contributions-Non-Govts Agencies	3600-583-R917-045-8201	\$2,500
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C. Departmental Fiscal Review: Chopelakis

III. REVIEW COMMENTS

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

10/22/09

OFMB 10/13/09 10/13/09 10/18/09


Contract Development and Control

B. Legal Sufficiency:

Anne Delgant 10/26/09
Assistant County Attorney

C. Other Department Review:

Department Director

REVISÉD 10/95

ADM FORM 01

AGREEMENT BETWEEN PALM BEACH COUNTY AND INNER CITY YOUTH GOLFERS, INCORPORATED FOR YOUTH GOLF PROGRAM EXPENSES

THIS AGREEMENT is made and entered into on September 17, 2009, by and between Palm Beach County, a political subdivision of the State of Florida, hereinafter referred to as "County" and Inner City Youth Golfers', Incorporated, hereinafter referred to as "ICYG".

W I T N E S S E T H:

WHEREAS, ICYG is a not-for-profit organization whose mission is to provide a golf, educational, and cultural experience for youth; and

WHEREAS, ICYG offers the Inner City Youth Golfers Program (the "Program") to allow participants to refocus on doing "the right thing" and becoming productive citizens and positive role models for others; and

WHEREAS, the Program fills a seriously needed community void for at-risk children and youth to help them with their academic studies, mentor them, and teach them the game of golf; and

WHEREAS, the Program is held at recreation centers, Palm Beach County schools, housing developments, and local golf courses; and

WHEREAS, approximately three hundred (300) children from low income families are being served through the Program; and

WHEREAS, the Program costs approximately \$2,500 for the purchase of golf equipment and supplies, instructional personnel, golf camp and clinic activities, golf operational expenses, golf learning tools, and other miscellaneous expenses; and

WHEREAS, ICYG has requested that County provide \$2,500 to help offset costs for the Program; and

WHEREAS, funding for the Program in an amount not-to-exceed \$2,500 is available from the Recreation Assistance Program (RAP) – District 7; and

WHEREAS, recreational, educational, and athletic programs for youth serve a public benefit; and

WHEREAS, both parties desire to enter into this Agreement.

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

1. County agrees to fund an amount not-to-exceed \$2,500 to ICYG to help offset costs for the Program for the purchase of golf equipment and supplies, instructional

personnel, golf camp and clinic activities, golf operational expenses, golf learning tools, and other miscellaneous expenses related to the Program as described in Exhibit "A", attached hereto and incorporated herein, and hereinafter referred to as the "Project".

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

3. ICYG incurred expenses for the Project beginning on October 1, 2009. Those costs incurred by ICYG for the Project, approved and submitted accordingly by ICYG subsequent to October 1, 2009, 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 ICYG 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. ICYG warrants that it is an active not-for-profit corporation, duly chartered and registered with the Florida Department of State, Division of Corporations.

6. ICYG 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, gender identity, or expression.

7. ICYG 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, 2010, commencing upon the date of execution by the parties hereto.

9. The parties agree that, in the event ICYG is in default of its obligations under this Agreement, the County shall provide ICYG thirty (30) days written notice to cure the default. In the event ICYG 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 ICYG for the Project deemed to be in default and ICYG shall return any County RAP funds already collected by ICYG 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. ICYG shall complete the Project by September 30, 2010, and invoices and checks submitted for reimbursement must be dated within the project time frame of October 1, 2009, through September 30, 2010. ICYG 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, 2010. Upon written notification to County at least ninety (90) days prior to that date ICYG may request an extension beyond this period for the purpose of completing the Project. County shall not unreasonably deny ICYG's request for said extension.

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

13. ICYG 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 ICYG. 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 ICYG 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, ICYG 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 ICYG, its agents, servants and/or employees in the performance of this Agreement. The foregoing indemnification shall survive termination of this Agreement.

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

16. ICYG 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. ICYG 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 ICYG are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by ICYG under this Agreement.

Commercial General Liability. ICYG 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' Risk Management Department. ICYG shall provide this coverage on a primary basis.

Worker's Compensation Insurance & Employer's Liability. ICYG shall maintain

Worker's Compensation & Employers Liability in accordance with Florida Statute Chapter 440.. ICYG shall provide this coverage on a primary basis.

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

Waiver of Subrogation. ICYG 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 ICYG 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 ICYG enter into such an agreement on a pre-loss basis.

Certificate(s) of Insurance. Prior to execution of this Agreement by the County, ICYG 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, ICYG shall demonstrate financial accountability through the submission of acceptable financial audits performed by an independent

auditor.

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

19. The County and ICYG 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, ICYG 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 Inner City Youth Golfers, Incorporated:

President
Inner City Youth Golfers, Incorporated
P.O. Box 31901
Palm Beach Gardens, FL 33420

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.

WITNESSES

Susan W. Fugate

Veronica Fumetti

PALM BEACH COUNTY, FLORIDA, ON
BEHALF OF ITS BOARD OF COUNTY
COMMISSIONERS

By: *Robert Weisman*
Robert Weisman, County Administrator

WITNESSES:

Susan W. Fugate

Dennis Eshleman

INNER CITY YOUTH GOLFERS',
INCORPORATED
FEI Number: 650978868

By: MALACHI KNOWLES
Name (Type or Print)
PRESIDENT
Title
Malachi Knowles
Signature

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

By: *Anne Helgen*
County Attorney

APPROVED AS TO TERMS AND
CONDITIONS

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

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

Name of Agency: Inner City Youth Golfers, Incorporated

Mailing Address: P.O. Box 31901, Palm Beach Gardens, FL 33420

Federal Employer Identification Number:

Name of President: MALACHI KNOWLES

Name of Executive Director: ESMERALDA H. Knowles

Project Liaison Information:

Name: ESMERALDA H. Knowles

Telephone #: 561-844-8774

Fax #: 561-863-3299

e-mail: icyginc@aol.com

Purpose/Mission of Agency: TO PROVIDE A GOLF, EDUCATION
& CULTURAL EXPERIENCE FOR OUR
YOUTH.
PROJECT INFORMATION

1. Name of Project: Youth Golf Program Expenses

2. Project Description

- General (Project Scope): to cause some of our youth to refocus on doing "the right thing" becoming productive citizens and positive Role models for others.
- Public Purpose: to fill a seriously needed community void for at risk children of ages 7-18! Help them with their studies, mentor them and teach them the game of golf.
- Location and Date: Recreation centers, PBC schools, Housing developments and golf courses.
- 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". Do not include expenditure line item budget/ amounts. Purchase of Golf equipment and supplies, instructional Personnel for Golf camp and clinic activities, golf operational expenses, Golf learning tools and other miscellaneous program expenses.

4. Estimated Lump Sum Total for Project: \$ 2,500.00

5. Project Initiation date (date of first invoice for which reimbursement will be requested) and anticipated End date (date which project will be completed and all invoices paid). OCT 1, 2009 to SEPT 30, 2010

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 Attachment:
Certificate(s) of Insurance _____

Amount of Recreation Assistance Program Funding awarded \$ 2,500
District 7
(filled in by County)

Form available online by request. Contact Susan Yinger at syinger@pbcgov.com



PALM BEACH COUNTY
PARKS AND RECREATION DEPARTMENT

EXHIBIT B

CONTRACT PAYMENT REQUEST

Date _____

Grantee: _____ Project Name: _____

Submission #: _____ Reimbursement Period: _____

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

Key Legend

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

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

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

Administrator Date Financial Officer Date

PBC USE ONLY

County Funding Participation \$ _____
Total Project Costs To Date: \$ _____
County Obligation To Date \$ _____
County Retainage (_____ %) \$ _____
County Funds Previously Disbursed \$ _____
County Funds Due this Billing \$ _____

Reviewed and Approved By: _____
PBC Project Administrator Date

Department Director Date

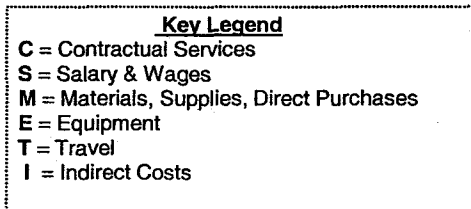


EXHIBIT B

Date _____

Submittal #: _____

Contract Reimbursement Period: _____

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

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

Date _____

Date _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/17/2009

PRODUCER
GLENN'S INSURANCE AGENCY INC.
3086 Jog Road
Lake Worth, FL 33467-2053
(561) 432-5984

INSURED
ICYG
INNER CITY YOUTH GOLFERS'
INCORPORATED
PALM BEACH GARDENS, FL 33404

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.

INSURERS AFFORDING COVERAGE

NAIC#

INSURER A: PENN AMERICA INSURANCE COMPANY

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.

INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A X	GENERAL LIABILITY	EVOIB	09/17/09	09/17/10	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY AGG \$
	EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE				AGGREGATE \$
					\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MI)				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
	OTHER				E.L. DISEASE - POLICY LIMIT \$

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

PALM BEACH COUNTY IS LISTED AS ADDITIONAL INSURED

CERTIFICATE HOLDER

PALM BEACH COUNTY

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2009/01)

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***Inner City Youth Golfers'
Incorporated***

September 17, 2009

**Susan W. Yinger
Administrative Support Manager
Department of Parks & Recreation
Palm Beach County
2700 6th Avenue South
Lake Worth, FL 33461**

Dear Ms. Yinger:

Subject: Workman's Comp Coverage

With regards to "Workman's Comp Coverage", we are not required to have coverage because fewer than three persons are employed. We currently have no salaried employees.

Thanks for your assistance in implementing the approval of our Recreation Assistance Program (RAP) – District 7 for \$2,500.00 from Commissioner Taylor.

Sincerely,

**Malachi Knowles
Founder**

**P.O. Box 31901 • Palm Beach Gardens, FL 33420
Tel (561) 844-8774 • Fax (561) 863-3299
e-mail: icyginc@aol.com • www.icyg.org
(A 501(c)(3) tax exempt organization)**