

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY**

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Meeting Date: January 12, 2010	<input checked="" type="checkbox"/> Consent	<input type="checkbox"/> Regular
	<input type="checkbox"/> Workshop	<input type="checkbox"/> Public Hearing

Department

Submitted By: Community Services

Submitted For: Other County Sponsored Programs

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**I. EXECUTIVE BRIEF**

**Motion and Title:** Staff recommends motion to approve: Amendments to contracts with the following agencies, totaling \$1,316,675 for the period October 1, 2009, through September 30, 2010, for services as indicated;

- A. Amendment No. 2 OCS, 211 Palm Beach/Treasure Coast, Inc. (R2007-2065), in the amount of \$141,075, for crisis and outreach services; and
- B. Amendment No. 2, Mae Volen Senior Center, Inc. (R2007-2066), in the amount of \$1,175,600, for services which include transportation, in-home services, congregate meals, home delivered meals, nutrition education, screening and assessment to eligible seniors.


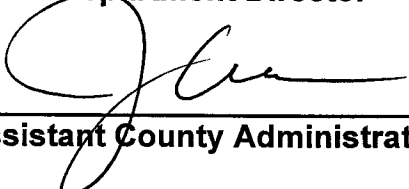
**Summary:** On September 8, 2009, the Board of County Commissioners approved the list of agencies and funding allocations under the Financially Assisted Agency (FAA) Program, and subsequently adopted a budget for FY 2010 that included funds for Other County sponsored programs. The contract amendments being recommended for approval reflect the funding amounts previously approved by the Board. Additional contract amendments will be forthcoming upon receipt of all required information. Countywide (TKF)

**Background & Justification:** In providing for human services needs, Palm Beach County augments its own services mix by providing financial assistance to community-based organizations. This program was established in the early 1980s to overcome the adverse impact of reduced federal funding. More recent federal and state funding reductions emphasize the need for continuing County financial assistance to these organizations. Funded organizations are monitored by the Community Services Department to maintain strict fiscal integrity. Contracts include the following safeguards to protect the County: insurance coverage is mandatory and funds cannot be used to initiate or to pursue litigation against the County.

**Attachments:**

- 1. Contract Amendment with 211 Palm Beach/Treasure Coast, Inc.
- 2. Contract Amendment with Mae Volen Senior Center, Inc.

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Recommended by:		<u>1/4/10</u>
	Department Director	Date
Approved by		<u>1/5/10</u>
	Assistant County Administrator	Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2010	2011	2012	2013	2014
Capital Expenditures					
Operating Costs	1,316,675				
External Revenues					
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	1,316,675				
# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included in Current Budget? Yes ☒ No  
Budget Account No.: Fund 0001 Dept 741 Unit Var Object Var  
Program Code

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

County Funds

C. Departmental Fiscal Review: Taruna Nalhotra  
12/16/09

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

[Signature] 12-22-09  
OFMB 12/22/09  
1/1A 12/21/09  
12/18/09

[Signature] 1/14/10  
Contract Dev. and Control  
These amendments  
comply with our  
review requirements.

B. Legal Sufficiency:

[Signature] 1/4/10  
Assistant County Attorney

C. Other Department Review:

Department Director

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

**AMENDMENT TO OTHER COUNTY SPONSORED  
CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE**

**THIS AMENDMENT TO THIS OTHER COUNTY SPONSORED CONTRACT**

(R2007 2065, November 20, 2007) made and entered into at West Palm Beach Florida, on this \_\_\_\_\_ day of \_\_\_\_\_ 2009 by and between PALM BEACH COUNTY, hereinafter referred to as "COUNTY" and **211 Palm Beach/Treasure Coast, Inc.** hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is P.O. Box 3588, Lantana, Fl 33465.

**WITNESSETH:**

**WHEREAS**, the parties entered in a contract on **November 20, 2007** which provided for a one year extension.

**WHEREAS**, the contract was extended and modified by Amendment 01 per (R2008-2050, November 18, 2008) and;

**WHEREAS**, the parties desire to extend the contract for one additional year (FY'10) to September 30, 2010.

**NOW THEREFORE**, the above named parties hereby mutually agree that the Contract is hereby extended as follows:

- I. The contract is extended through September 30, 2010.
- II. A new Scope of Work & Outcomes Indicators Exhibit "A2" for FY '10 is attached hereto and made a part hereof showing new or revised outcomes and definition of service supersedes and replaces the original Scope of Work & Outcomes Indicators Exhibit "A" for the fiscal year 2010.
- III. A new Budget Exhibit "B2" showing the new total budget for funding and revised unit of service definition and/or costs for FY '10 is attached hereto and made a part hereof.
- IV. Article 3 of the contract is amended to reflect that the total not to exceed amount for FY '10 **One Hundred and Forty-One Thousand, and Seventy-Five Dollars (\$ 141,075.00).**

V. The following provision is hereby added to the contract as an additional requirement:

It is the policy of the COUNTY that all agencies receiving funding through the Financially Assisted Agencies Program must complete the Agency Certification process developed by Nonprofits First (NPF) or make significant progress towards achievement of certification standards if they received funding in 2009. To comply with this policy, AGENCY shall, by August 2, 2010, either provide proof of final certification under the 2007 standards or documentation that the AGENCY has completed at least one on-site review. AGENCY shall agree to timelines as established by NPF regarding 1:1 meetings, on-site reviews, submission of documents and any other areas relating to the certification process. Additionally, if NPF recommends that an agency attend a workshop in an area related to the certification process, the agency must attend. The on-site review will be based entirely on the self-assessment completed by the AGENCY in accordance with its 2008 contractual agreement with the COUNTY. An AGENCY may also show compliance with this requirement by providing documentation from NPF that AGENCY is making diligent progress toward receiving certification.

AGENCY understands that these requirements are considered necessary if additional funding is provided to AGENCY under a COUNTY contract. AGENCY will be expected to continue the certification process and to satisfy any related provisions agreed upon in this contract amendment.

#### **OTHER PROVISIONS**

All provisions in the Contract or exhibits to the Contract in conflict with this Amendment to the Contract shall be and are hereby changed to conform to this Amendment.

All provisions not in conflict with this Amendment remain in full force and effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed by their officials thereupon duly authorized.

ATTEST:

Sharon R. Bock, Clerk & Comptroller

PALM BEACH COUNTY, FLORIDA, a  
Political Subdivision of the State of  
Florida

BOARD OF COUNTY COMMISSIONERS

BY: \_\_\_\_\_  
Clerk & Comptroller

BY: \_\_\_\_\_  
Burt Aaronson, Chair

WITNESS:

S. O'Neill  
Signature

Sharon O'Neill  
Name Typed

23-7153017  
Agency's Federal ID Number

AGENCY:

211 Palm Beach Treasure Coast, Inc.  
Agency's Name Typed

BY Susan K. Bura  
Signature

Susan K Bura  
Agency's Signatory Name Typed

Executive Director  
Agency's Signatory Title Typed

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

\_\_\_\_\_  
Assistant County Attorney

APPROVED AS TO TERMS AND CONDITIONS  
Department of Community Services

By: Channell Wilkins  
Channell Wilkins, Director

**EXHIBIT "A2"**  
**Scope of Work for Palm Beach County**  
**2009-10 Other County Sponsored**  
**Agency Name: 211 Palm Beach / Treasure Coast**

**General Description**

211 Palm Beach/Treasure Coast mission is to assist people by providing crisis intervention, information, assessment and referral to community services and by providing infrastructure support to the health and human service delivery system. 211 provides empathetic guidance and support to individuals and families in distress or in need of information about health and human service programs. 211 operates a 24-hour per day, 365 day per year telephone helpline/hotline service providing an array of support and assistance, including information, assessment, advocacy, referral and linkage to appropriate community agencies, as well as crisis intervention and suicide prevention. 211's Community Resource Database is the foundation of 211's operation and consists of information on community health and human services which is collected, maintained and made available via telephone (by calling 2-1-1), in printed directories and on the web at [www.211palmbeach.org](http://www.211palmbeach.org). 211 Palm Beach/Treasure Coast is expected to maintain the website and database at a level comparable in quality and usability to similarly situated crisis/information/referral agencies.

**Accreditation**

211 Palm Beach/Treasure Coast is accredited by the American Association for Suicidology (AAS) and was the first agency in the State of Florida and the fifth in the nation to receive accreditation by the national Alliance of Information & Referral Systems (AIRS). Locally, 211 Palm Beach/Treasure Coast has successfully completed the Nonprofits First initial and supplemental certification process related to sound nonprofit management. A certificate of accreditation signifies adherence to the standards and quality goals set forth by AAS, AIRS and Nonprofits First.

**Services**

Services provided by 211 Palm Beach/Treasure Coast include and are defined as follows:

1. Information - providing limited response to requests for non-complex information.
2. Assessment & Referral – providing detailed response to an expressed need for a community service. This may involve assessment of the presenting situation and clarification of needs along with an evaluation of appropriate resources. Agency names, telephone numbers, addresses, program descriptions, eligibility criteria and application processes may be provided.
3. Linkage – providing direct telephone linkage to the needed service, upon caller request or upon affirmative response by the caller when this is suggested as an option.
4. Advocacy – providing additional efforts to locate services in complicated or resource limited circumstances including the provision of intensive, short-term support in navigating the complex health and human services system.
5. Counseling Services – providing active listening, non-directive counseling services and crisis de-escalation when responding to the emotional state of the caller.

6. Emergency Intervention – providing assistance by contacting law enforcement, fire/rescue or the abuse registry.
7. Screening and Scheduling of Appointments for the Homeless Outreach Program – receiving and recording caller information, determining need/eligibility for service, and scheduling of appointments, in accordance with agreed upon procedures.
8. Database Maintenance – collecting and maintaining up-to-date pertinent information related to available health and human services.
9. Web Site – providing up-to-date, pertinent, easily accessible information related to health and human services via the web.

### **Expectations**

When there is a State of Florida Shared 211 Database, it is expected by the funders that 211 Palm Beach/Treasure Coast will provide data to the State's comprehensive 211 database. Further, it is expected that 211 Palm Beach/Treasure Coast will accurately capture, maintain and report on the various indicators identified by the funders in the Deliverables/Reporting Section of this contract. Whenever possible 211 Palm Beach/Treasure Coast will provide information directly produced through its various automated systems.

### **Deliverables/Reporting**

Deliverables shall include:

1. **Service Delivery Reports** containing the following quarterly information broken down by month, shall be provided by the 30<sup>th</sup> of the month following the quarter:
  - 1.1. Call Volume
  - 1.2. Call Type: By percentage
  - 1.3. Problem/Needs: Total number with percentages (problem/needs will be broken down per the 211 Snapshot Report)
  - 1.4. Website: Number of visits and number of hits
  - 1.5. Website Database: Agency, program and keyword hits
  - 1.6. Website Database: Visitor e-mails received
2. **Management Reports** containing the following quarterly information broken down by month, shall be provided by the 30<sup>th</sup> of the month following the quarter:
  - 2.1. 211 Resource Center Staffing Levels: Average number of FTE's by daytime, evening and overnight
  - 2.2. Call Volume: Number of calls received, answered and abandoned by daytime, evening and overnight with percentages
  - 2.3. Calls Handled: Per specialist
  - 2.4. Average Wait Time: By daytime, evening and overnight
  - 2.5. Average Talk Time: By daytime, evening and overnight
  - 2.6. Telephone Service Level: Percentage of calls answered within the service level time
  - 2.7. Database Updating: Listing of Agencies Providing Updated Referral Information.
  - 2.8. Database Updating: Listing of Agencies Sent Requests for Updates

**3. Specialty Reports:**

**3.1. Required by County Human Services Division**

- Daily Schedule of Homeless Outreach Team Appointments – sent to Homeless Outreach Services Program Office by 3 PM the day prior to appointments
- Homeless Service Screening Calls – number completed by month
- Homeless Outreach Team Appointments Scheduled - monthly summary sorted by data
- Homeless Call Volume – by month and total for year

**3.2. Required by SAMH Program Office**

- Number of Adult Mental Health Calls
- Number of Children's Mental Health Calls
- Number of Adult Substance Abuse Calls
- Number of Children's Substance Abuse Calls
- Number of Calls with Suicidal Ideation

**3.3. Child Care and Afterschool Care Report**

- Number of Calls received requesting information on childcare (0-5)
- Number of Calls received requesting information on afterschool care (age 5+)
- Number of Calls referred to Family Central for information in each category

**3.4. VITA Sites**

- Number of Calls received
- Number of Calls referred

**3.5. Annual Youth Yellow Pages will be published and distributed throughout PBC**

**4. Annual Service Report** containing the following information shall be provided by September following the end of the fiscal year:

- 4.1. Call Volume – By month
- 4.2. Call Type – By percent
- 4.3. Problem/Needs – By percent
- 4.4. Call Origin by Area of County – By percent
- 4.5. Gender of caller - By percent
- 4.6. Age of caller - Age category by percent
- 4.7. Race/Ethnicity of caller - By percent
- 4.8. Non-English Speaking Calls
  - 1. Spanish Language Calls
  - 2. Other Non-English Language Calls
  - 3. Calls Translated by Tele-Interpreter Service
- 4.9. Referrals - List of top 25 agencies receiving the most referrals
- 4.10. Caller Satisfaction – Total surveys completed and response results



### **Key Performance Indicators**

1. Call Volume
2. Average Wait Time
3. Percent of Abandoned Calls
4. Customer Satisfaction Ratings
5. Website Quality of Content/Traffic
6. Number of Adopted Call Protocols

### **Performance Goals**

1. Reduction in Wait Time
2. Reduction in Abandoned Call Rate
3. Maintenance of High Customer Satisfaction Rating
4. Improvement in Website
5. Adoption of Funder-reviewed Call Protocols
6. Acquisition of Direct Call Transfer Capabilities
7. Adherence to Telephone Service Level

**SERVICE/PROGRAM TO BE PROVIDED FY 2010  
FINANCIAL ASSISTANCE CONTRACT**

**Agency:** 211 Palm Beach/Treasure Coast, Inc.

<b>Program Name and Definition of Unit of Service</b>	<b>Unit Cost</b>	<b>Total Cost Of Service</b>
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**Service/Program: 211 Palm Beach**

One hour of service availability. 211 Palm Beach /Treasure Coast provides information, referral and crisis intervention to anyone who calls regardless of income. Please note that 211, by the nature of its services cannot provide unduplicated client numbers.

103.80

141.075

**TOTAL CONTRACT**

**141,075**

<b>ACORD</b> <small>TM</small> <b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) <b>09/09/2009</b>
PRODUCER <b>(561)392-8888</b> FAX <b>(561)750-9134</b> <b>Burke, Bogart &amp; Brownell, Inc.</b> <b>181 Crawford Blvd.</b> <b>Boca Raton, FL 33432</b>		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>211 Palm Beach/ Treasure Coast, Inc.</b> <b>PO BOX 3588</b> <b>Lantana, FL 33465-3588</b>		INSURERS AFFORDING COVERAGE INSURER A: <b>National Union fire</b> INSURER B: <b>Philadelphia Ins Co</b> INSURER C: INSURER D: INSURER E:

<b>COVERAGES</b>							
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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
<b>A</b>		GENERAL LIABILITY	<b>06LX0864788460000</b>	<b>08/17/2009</b>	<b>06/30/2010</b>	EACH OCCURRENCE	\$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ <b>250,000</b>	
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	MED EXP (Any one person)				\$ <b>10,000</b>	
		PERSONAL & ADV INJURY				\$ <b>1,000,000</b>	
		GENERAL AGGREGATE				\$ <b>3,000,000</b>	
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ <b>3,000,000</b>
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
<b>A</b>		AUTOMOBILE LIABILITY	<b>06CA0196567390000</b>	<b>08/17/2009</b>	<b>06/30/2010</b>	COMBINED SINGLE LIMIT (Ea accident)	\$ <b>1,000,000</b>
	<input type="checkbox"/> ANY AUTO	BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> ALL OWNED AUTOS	BODILY INJURY (Per accident)				\$	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS	PROPERTY DAMAGE (Per accident)				\$	
	<input checked="" type="checkbox"/> HIRED AUTOS						
<input checked="" type="checkbox"/> NON-OWNED AUTOS							
<input checked="" type="checkbox"/> <b>Comprehensive</b>							
<input checked="" type="checkbox"/> <b>Collision</b>							
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
<b>B</b>		OTHER <b>Directors &amp; Officers</b>	<b>PHSD444302</b>	<b>08/12/2009</b>	<b>06/30/2010</b>	<b>\$2,000,000 Occurrence</b> <b>\$2,000,000 Aggregate</b> <b>\$1,000,000 EPLI Occ</b>	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS							
Certificate Holder is named as Additional Insured with respects to General Liability Only. Professional Liability is covered under the General Liability Policy # 06LX0864788460000, \$1,000,000 Occurrence / \$3,000,000 Aggregate, Claims Made, Retro 07/01/2003, Defense Cost Outside Limit							

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
<b>PBC Board Of County Commissioners</b> <b>Attn: Sharon O'Neill</b> <b>c/o Community Service Dept.</b> <b>810 Dature Street</b> <b>Suite 200</b> <b>West Palm Beach, FL 33401</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <b>30</b> 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 <b>Edward Burke/AMC</b>

**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

3/26/2009

<b>PRODUCER</b> Wells Fargo Insurance Services Southeast 2054 Vista Parkway, Suite 400 West Palm Beach FL 33411-2718	<b>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.</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> 211 Palm Beach/Treasure Coast, Inc.  415 Gator Drive P.O. Box 3588 Lantana FL 33465	INSURER A: Auto-Owners Insurance Company	18988
	INSURER B: Twin City Fire Insurance Compa	29459
	INSURER C: Star Insurance Company	18023
	INSURER D: Admiral Insurance Company	24856
	INSURER E:	

**COVERAGES**

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

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
E	LTR	GENERAL LIABILITY	OA1001113	8/12/2008	8/12/2009	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 2,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
B		AUTOMOBILE LIABILITY	7270157508	3/31/2009	3/31/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<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 checked="" type="checkbox"/> HIRED AUTOS				
		<input checked="" 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"/> CLAIMS MADE				AGGREGATE \$
						\$
		DEDUCTIBLE				\$
		RETENTION \$				\$
D		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC0252662	1/1/2009	1/1/2010	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 100,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 100,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
C		OTHER Professional Liab.	EO00000704901	3/31/2009	3/31/2010	\$1,000,000. Per Claim
D		Dir. & Off./EPLI	OA1001113	8/12/2008	8/12/2009	\$3,000,000. Aggregate
						\$2,000,000. Limit of Liability each coverage

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

FAX355-3863  
Certificate Holder is Additional Insured for General Liability coverage (Excluding Products and Completed Operations) as per Auto Owners Form 55202.

**CERTIFICATE HOLDER**

Attn: Sharon  
Nangle  
C/O Community Service Dept.  
810 Datura Street  
West Palm Beach FL 33401

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

*B. Austin*