PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

| AGENDA ITEM SUMMARY | | | | | | | | |
|---------------------|----------------------------|-----------|-------------------------------|-------------------------|----------------|--|--|--|
| | ng Date: January rtment | 12, 2010 | [X] Consent [] Workshop | []Regular []Public H | | | | |
| | Submitted By: | Community | y Services | | | | | |
| | Submitted For: | County Sp | onsored Programs | | | | | |
| | | <u>l.</u> | EXECUTIVE BRIEF | | | | | |
| | | | | A | 4 (00000 0400) | | | |

Motion and Title: Staff recommends motion to approve: Amendment No. 1 (R2009-0406) with Nonprofits First, Inc. for the period October 1, 2009, through September 30, 2010, in an amount of \$105,000, for training, education and technical assistance.

Summary: Nonprofits First developed and produced the 2007 Certification Assessment Tool, a self-assessment manual, and will offer an array of training, education and technical assistance resources and programming to Financially Assisted Agency (FAA) grantees. Department staff and Nonprofit First staff are working diligently to make sure the services will be delivered as contracted. This contract is funded under County Sponsored Programs and is separate from the FAA funding, but managed by the same program monitoring staff. <u>Countywide (TKF)</u>

Background and 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:

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

| Fiscal Years | <u>2010</u> | <u>2011</u> | <u>2012</u> | <u>2013</u> | <u>2014</u> |
|---|----------------|---------------------------------|-------------------------|-------------|-------------|
| Capital Expenditures Operating Costs External Revenues Program Income (County) In-Kind Match (County) | <u>105,000</u> | | | | |
| NET FISCAL IMPACT # ADDITIONAL FTE POSITIONS (Cumulative | <u>105,000</u> | | | | |
| Is Item Included in Curren Budget Account No.: Fun | | Yes <u>X</u> Dept <u>741</u> | No Unit <u>_2517</u> | Object | <u>8201</u> |

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

County Funds

C. Departmental Fiscal Review:

Taruna Malhotra 12/16/09

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

OF Legal Sufficiency: myfree

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This amendment complies with our review requirements.

C. Other Department Review:

Β.

Department Director

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

AMENDMENT TO FINANCIALLY ASSISTED AGENCIES CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE

THIS AMENDMENT TO THE FINANCIALLY ASSISTED AGENCIES CONTRACT (R2009-0406, March 17, 2009) made and entered into in Palm Beach County Florida, on this day of _____2009 by and between PALM BEACH COUNTY, hereinafter referred to as "COUNTY" and Nonprofits First, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is Nonprofits First, 2300 High Ridge Road, Suite 132, Boynton Beach, Florida 33426.

WITNESETH:

WHEREAS, the parties entered in a contract on March 17, 2009, which provided for a one year extension.

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 is <u>One Hundred Five Thousand Dollars(\$105,000.00).</u>

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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.

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.

Page 2 of 3

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: _____

Burt Aaronson, Chair

AGENCY:

Agencv

Signature

 \cap 0

Agency's Signatory Name Typed

Fresident and CEU

Agency's Signatory Title Typed

APPROVED AS TO TERMS AND CONDITIONS Department of Community Services

el l By: C

Channell Wilkins, Director

Page 3 of 3

BY: Clerk & Comptroller

WITNESS:

Signature

Agency's Federal ID Number

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

Assistant County Attorney

| ACORD CERTIFIC | ATE OF LIAE | BILI | TY INS | URANCE | | DATE (MM/DD/YYYY) 12/07/2009 |
|--|---|--------------------------|--|----------------------|--|---------------------------------------|
| ODUCER (561)278-0448 FA eekes & Callaway, Inc. 945 West Atlantic Avenue | X (561)278-2391 | | ONLY AND HOLDER, T | CONFERS NO RI | D AS A MATTER OF IN GHTS UPON THE CER E DOES NOT AMEND, E FORDED BY THE POLIC | TIFICATE |
| elray Beach, FL 33445-3902 Sose A. McEwen, CIC | | | INSURERS A | | RAGE | NAIC # |
| SURED Nonprofits First, Inc. | | | | CH Insurance | | |
| 2300 High Ridge Road | | | INSURER B. AX | is Surplus I | nsurance Co | |
| Suite 132 | | | INSURER C | | · · · · · · · · · · · · · · · · · · · | |
| Boynton Beach, FL 33426 | | | INSURER D | <u></u> | <u></u> | |
| OVERAGES | | | | | | , / |
| THE POLICIES OF INSURANCE LISTED BELO ANY REQUIREMENT, TERM OR CONDITION (MAY PERTAIN, THE INSURANCE AFFORDED POLICIES. AGGREGATE LIMITS SHOWN MAY | OF ANY CONTRACT OR OTHE BY THE POLICIES DESCRIBE | R DOC D HER AID CL | UMENT WITH RE EIN IS SUBJECT AIMS. | ESPECT TO WHICH | THIS CERTIFICATE MAY E | E ISSUED OR |
| R ADD'L TYPE OF INSURANCE | POLICY NUMBER | | DLICY EFFECTIVE | POLICY EXPIRATION | LIMIT | |
| GENERAL LIABILITY | NCPKG00918 | 01 1 | .0/01/2009 | 10/01/2010 | | <u>s 1,000,000</u> |
| X COMMERCIAL GENERAL LIABILITY | | | | | PREMISES (Ea occurence) MED EXP (Any one person) | <u>s 300,000</u> |
| X Abuse/Molestation | | | | | PERSONAL & ADV INJURY | <u>s 10,000</u> s 1,000,000 |
| X Employee Benefits | a norma e e e e e e e e e e e e e e e e e e e | | | | GENERAL AGGREGATE | s 2,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER. | rented Web. 10 | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| POLICY PRO- JECT LOC | NCAUTOODIA | | 0 (01 (2000 | 10/01/2010 | | |
| AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS | NCAUT00918 | 1 10 | .0/01/2009 | 10/01/2010 | COMBINED SINGLE LIMIT (Ea acciden!) | \$ 1,000,000 |
| SCHEDULED AUTOS | | | | | BODILY INJURY (Per person) | \$ |
| X NON-OWNED AUTOS X Hired Car | нанияны - у селите | | | | BODILY INJURY (Per accident) | \$ |
| Physical Dam. | r voren ver | | | | PROPERTY DAMAGE (Per accident) | \$ |
| GARAGE LIABILITY | | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | n - Level - Mark Level - Mark Level - Mark Level - Mark Level | | | | OTHER THAN EA ACC AUTO ONLY AGG | \$ \$ |
| EXCESS/UMBRELLA LIABILITY | NCUMB00918 | 01 1 | 10/01/2009 | 10/01/2010 | EACH OCCURRENCE | s 1,000,00 |
| X OCCUR CLAIMS MADE | | | | | AGGREGATE | s 1,000,00 |
| | | | | | | \$ |
| DEDUCTIBLE X RETENTION \$ 10,000 | | | · | | | 5 |
| | | | | | WC STATU- OTH- TORY LIMITS ER | \$ |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | E L. EACH ACCIDENT | s |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | | E L DISEASE - EA EMPLOYEE | |
| If yes, describe under SPECIAL PROVISIONS below | - | | | | E.L. DISEASE - POLICY LIMIT | |
| OTHER Professional Liability B | ECN6416 | 587 (| 03/14/2009 | 03/14/2010 | \$1,000,000 Limit \$10,000 De Retro Date: | ductible |
| escription of operations / Locations / vehicl *Ten (10) Days Notice of Can | es/Exclusions Added By End cellation in the En | ORSEM Vent | ENT / SPECIAL PRO OF Non Pay | ment of Prer | nium.** | |
| | | | | | * | · · · · · · · · · · · · · · · · · · · |
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| Palm Beach County | | | 1 | | | |
| c/o Community Services | Department | | BUT FAILURE | E TO MAIL SUCH NOTIC | E SHALL IMPOSE NO OBLIGAT | ION OR LIABILITY |
| | • | | BUT FAILURE OF ANY KINE | E TO MAIL SUCH NOTIC | CE SHALL IMPOSE NO OBLIGAT | ION OR LIABILITY |

Certificate of Insurance

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 described herein.

| Named | Insured(s) | : |
|-------|------------|---|
|-------|------------|---|

| TriNet HR Corporation Gevity HR, Inc and all its affiliates & subsidiaries* Executive Services Corps of Southeast Florida Inc (Endorsed as employer) | alternate |
|---|-----------|
| 9000 Town Center Parkway Bradenton, FL 34202 | |

| Insurer A | ffording Coverage |
|---------------------|------------------------------|
| (A) Commerce & | Industry Ins Co |
| (B) Illinois Nation | al Ins Co |
| (C) Ins Co of the | State of Pennsylvania |
| (D) National Union | Fire Ins Co of Pittsburgh PA |
| (E) New Hampsh | ire Ins Co |

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 the 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.

| Type of Insurance | Insurer | Policy Number | State | Effective Date | Expiration Date | Limits WC Statutory | Limits |
|----------------------|----------|---------------|------------------------------------|-------------------|--------------------|---|--|
| /orkrs' | (A) | 023259191 | FL | 07-01-2009 | 07-01-2010 | Employers Liability | |
| ompensation | | | | | | Bodily Injury By Accident \$ 2,000,000 | Each Accident |
| | | | | | | Bodily Injury By Disease \$ 2,000,000 | Policy Limit |
| | | | | | | Bodily Injury By Disease \$ 2,000,000 | Each Person |
| | | | | | | | ······································ |
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| | | | operative operations of the second | | | | |
| | | | | | | | |
| Other: Client N | umber 72 | 427 | | | | <u> </u> | |

The above referenced workers' compensation policies provide statutory benefits only to the employees of the Named Insured(s) on such policies, not to the employees of any other employer.

* Gevity HR, Inc; Gevity HR, LP; Gevity HR II, LP; Gevity HR III, LP; Gevity HR IV, LP; Gevity HR V, LP; Gevity HR VI, LP; Gevity HR VII, LP; Gevity HR XI, LP; Gevity HR XI, LLC; Gevity HR XII Corp.; Gevity XIV, LLC

Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the insurer affording coverage will endeavor to mail <u>30</u> days written notice to the certificate holder named herein, but failure to mail such notice shall impose no obligation or liability of any kind upon the insurer affording coverage, its agents or representatives.

Certificate Holder

Executive Services Corps of Southeast Florida Inc 2300 High Ridge Rd Ste 132 Boynton Beach, FL 33426-8795

AON Risk Services Northeast, Inc.

AON Risk Services Northeast, Inc. Authorized Representative of AON Risk Services

(866) 443-8489 Phone 09/16/2009 Date Issued

003412

EXHIBIT A

SCOPE OF WORK & DELIVERABLES FINANCIAL ASSISTANCE CONTRACT Agency Name: <u>Nonprofits First</u>

Agency Certification

In addition to the specific deliverables noted below, Nonprofits First, Inc., will offer an array of services to FAA grantees and provide feedback on a quarterly basis regarding FAA grantee attendance / participation in the following: CAT workshop, core competency/other subject area training, workshops, special programs, Volunteer Mentoring, Consulting, FMS support, additional 1:1 meetings, etc.

This feedback to the Palm Beach County Board of County Commissioners supports the new solutions-based initiative at Nonprofits First to provide services to an agency utilizing all of its internal resources to produce better capacity building outcomes for FAA grantees. This also supports the philosophy of Nonprofits First to provide each agency with the resources necessary for continuous improvement.

Deliverables:

Deliverable 1: Work with all FAA grantees to achieve Certification status

Demonstration: Documentation of 1:1 visits, on-site reviews, training, and Volunteer Mentoring engagements to include those in attendance for approximately 6 agencies.

Deliverable 2: Work with already certified agencies to ensure compliance with Certification standards through the Certification Renewal Process. Conduct Annual Desktop Financial Reviews for all certified agencies

Demonstration: Documentation of Desktop Reviews and Certification renewal certificates for approximately 16 agencies.

Deliverable 3: Certify/Renew Certification for a minimum of 16 agencies

Demonstration: Documentation of successful certification through a certification certificate for each agency completed for approximately 16 agencies.

All deliverables are to be completed no later than September 15th, 2010. A final report, due not later than September 20, 2010, describing and documenting how each deliverable was met will be submitted with the September request for payment.

EXHIBIT "B1"

SCHEDULE FOR PAYMENT FY 2010 SCHEDULE FOR PAYMENT AND BUDGET DATA OTHER COUNTY SPONSORED CONTRACT

Service/Program: Agency Certification

MONTH OF

BILLING RATE

JANUARY. 2010 APRIL, 2010 JULY, 2010 SEPTEMBER, 2010

\$ 30,000 \$ 25,000 \$ 25,000 \$25,000

MAXIMUM AMOUNT AUTHORIZED

<u>\$ 105,000.00</u>

The AGENCY will provide a final report of performance related to the deliverables outlined in Exhibit A. Final payment will not be processed until this report has been received and reviewed by Community Services staff.

of physical injury or conditions).

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