

I. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Year	2010	2011	2012	2013	2014
Capital Expenditures	\$0	0	0	0	0
Operating Costs	0	0	0	0	0
External Revenues	0	0	0	0	0
Program Income (County)	0	0	0	0	0
In-Kind Match (County)	0	0	0	0	0
NET FISCAL IMPACT	*	0	0	0	0
# Additional FTE Positions (Cumulative)	—	—	—	—	—

Is Item Included in Current Budget? Yes ___ No ___

Budget Account No:

Reporting Category _____

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

C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS

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

** No fiscal impact to utilize the common talk groups.*

Jan Dink 1-19-10

 OFMB

(WD) 1/19/2010 pm 1-14-10

Jan. J. Jacobson 1/20/10

 Contract Dev and Control
E Jones 1/20/10

A. Legal Sufficiency:

James C. King 1/25/10

 Assistant County Attorney

This amendment complies with our review requirements.

A. Other Department Review:

 Department Director

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

SECOND AMENDMENT TO INTERLOCAL AGREEMENT

THIS SECOND AMENDMENT to Agreement R2004-0456, dated March 16, 2004 and as previously amended by R2006-1913 is made as of _____, by and between Palm Beach County, a political subdivision of the State of Florida, by and through its Board of County Commissioners, hereinafter referred to as the County, and Columbia Hospital, Inc., a corporation licensed to do business in the State of Florida ("Hospital") with a federal tax id number of 62-1694177.

In consideration of the mutual promises contained herein, the County and Hospital agree as follows:

1. The term of Agreement R2004-0456, as amended by R2006-1913 expires on March 16, 2010, and shall be extended to March 15, 2013.
2. All other terms of Agreement R2004-0456 remain unmodified and in full force and effect.

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Amendment on behalf of the County and Hospital has hereunto set its hand the day and year above written.

**SHARON R. BOCK,
CLERK & COMPTROLLER**

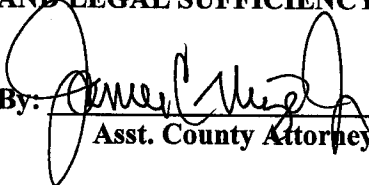
**PALM BEACH COUNTY, FLORIDA BY ITS
BOARD OF COUNTY COMMISSIONERS**

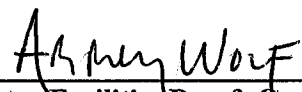
By: _____
Deputy Clerk

By: _____
Burt Aaronson, Chair

**APPROVED AS TO FORM
AND LEGAL SUFFICIENCY**


**APPROVED AS TO TERMS
AND CONDITIONS**

By:  _____
Asst. County Attorney

By:  _____
Director Facilities Dev & Operations

ATTEST:

HOSPITAL:

By:  _____
Witness

By:  _____
Valerie A. Jackson, Chief Executive Officer

Barbara Grimaldi
Name of Witness (Print or Type)



Health Care Indemnity, Inc.
 P.O. Box 555
 Nashville, TN 37202-0555
 Phone: 615/344-5847
 Fax: 615/344-5888

CERTIFICATE OF INSURANCE

DATE: 1/1/2010
 COI#: 3641

This is to certify to: **Palm Beach County Electronic Services Division**
 (Name of Certificate Holder) **Attn: Mark Filla**
2633 Vista Pkwy
West Palm Beach FL 33411-5608

that the described insurance coverages as provided by the indicated policy has been issued to:

Named Insured: **HCA INC AND SUBSIDIARY ORGANIZATIONS**
 Address: **EXISTING NOW OR HEREAFTER CREATED OR ACQUIRED**
ONE PARK PLAZA
NASHVILLE, TN 37202-0550

The Policy identified below by a policy number is in force on the date of Certificate issuance. Insurance is afforded only with respect to those coverages for which a specific limit of liability has been entered and is subject to all the terms of the Policy having reference thereto. This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded under any policy identified herein.

POLICY NO.	POLICY PERIOD
HCI-10110	Eff. 1-1-2010 Exp. 1-1-2011

TYPE OF INSURANCE	LIMITS OF LIABILITY
Comprehensive General Liability - Occurrence Form ● Bodily Injury ● Property Damage ● Products and Completed Operations ● Personal and Advertising Injury	\$1,000,000 Each and Every Occurrence \$3,000,000 Aggregate
Health Care Professional Liability - Occurrence Form	Each and Every Occurrence Aggregate

SPECIAL CONDITIONS/OTHER
THE NAMED INSURED INCLUDES COLUMBIA HOSPITAL
COID 30923
 Palm Beach County Board of County Commissioners, a political subdivision of the State of Florida, its Officers, Employees and Agents are Additional Insureds as respects the General Liability portion of this policy as the Named Insured's interest appears in the agreement with Palm Beach County for Interoperability with EMS Providers through County's 800 MHz Radio System.

Cancellation: Should any of the above described policies be canceled before the expiration date thereof, the issuing company will endeavor to mail ninety written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

Couplergined (Authorized Signature)

Authorized Signature