

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 <input type="checkbox"/> No <input type="checkbox"/>					
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 Omb 1-19/10
OEMB

Dr. J. Jacobson 1/20/10
Contract Dev. and Control
6/20/10

A. Legal Sufficiency
James G. [Signature] 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 R2004-0457, dated March 16, 2004 and as previously amended by R2007-0145 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 Delray Medical Center, Inc., a corporation licensed to do business in the State of Florida ("Hospital") with a federal tax id number of 95-3720659.

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

1. The term of Agreement R2004-0457, as amended by R2007-0145 expires on March 16, 2010, and shall be extended to March 15, 2013.
2. All other terms of Agreement R2004-0457 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:  _____
Robert M. Krieger, Chief Executive Officer

Shawn A. Bobo
Name of Witness (Print or Type)



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/01/09

PRODUCER 1-818-539-2300
Arthur J. Gallagher & Co.
Insurance Brokers of California, Inc. License #0726293
505 North Brand Boulevard, Suite 600

Glendale, CA 91203-3944
maribel_sanchez@ajg.com

INSURED
Tenet Healthcare Corp.
13737 Noel Road, Suite 100
Dallas, TX 75240

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: NATIONAL UNION FIRE INS CO OF PITTS	19445
INSURER B: ILLINOIS NATL INS CO	23817
INSURER C: New Hampshire Ins Co	23841
INSURER D: American Intl South Ins Co	40258
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 LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	0936368	06/01/09	06/01/10	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
	AUTOMOBILE LIABILITY <input 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				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	60168951 (MO,WI)	06/01/09	06/01/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
C	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	60168945 (AOS) / 60168950 (TX)	06/01/09	06/01/10	E.L. EACH ACCIDENT \$2,000,000
A	If yes, describe under SPECIAL PROVISIONS below	0899019AL-CA-LA/60168946 CA	06/01/09	06/01/10	E.L. DISEASE - EA EMPLOYEE \$2,000,000
B		60168947 (FL)	06/01/09	06/01/10	E.L. DISEASE - POLICY LIMIT \$2,000,000
A	OTHER WC & Empl Liab	60168949 (OR)	06/01/09	06/01/10	EL Limits 2,000,000
D	WC & Empl Liab	60168948 (GA)	06/01/09	06/01/10	EL Limits 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 The Certificate Holder is Included as Additional Insured, but Solely as respects to Liability Arising out of the Named Insured's Operations or Premises Owned by or Rented by Named Insured, Excluding Contract or Agreements for Professional Services, and Subject to the Terms and Conditions of the Referenced Policy and as Required by Written Contract. Workers Compensation is evidence of coverage with respect to the Insured's operations and in accordance with the terms and conditions of the policy. Insured/Facility: Delray Medical Center, 5352 Linton Blvd, Delray Beach, FL 33484,
 County Board of County Commissioners, a political subdivision of the State of Florida, its officers, employees, and

CERTIFICATE HOLDER

CANCELLATION *10 Day Notice for Non-Payment of Premium

Palm Beach County of County Commissioners
 Attn: Communications Division
 3323 Belvedere Road
 Building 506
 West Palm Beach, FL 33406

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

Tom Galbraith

SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE
06/01/09

NAME OF INSURED: Tenet Healthcare Corp.

Additional Description of Operations/Remarks from Page 1:

agents

Insured/Facility: Delray Medical Center, 5352 Linton Blvd., Delray Beach, FL 33484

RE: Agreement for 800 MHz Trunked Radio System

Additional Insured to include Palm Beach County Board of County Commissioners, a political subdivision of the State of Florida, its officers, employees, and agents

Additional Information: