

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: February 23, 2010 [X] Consent [ ] Regular  
[ ] Workshop [ ] Public Hearing

Department

Submitted By: Community Services

Submitted For: Community Services

I. EXECUTIVE BRIEF

**Motion and Title:** Staff recommends motion to approve: Amendment No. 2 to the contract with Adoption by Shepherd Care (R2008-1285) for the period October 1, 2009, through September 30, 2010, in an amount of \$145,000, providing for "Choose Life" license plate funds.

**SUMMARY:** Adoption by Shepherd Care meets the intent of Section 320.08058(30), Florida Statutes, which requires counties to distribute annual use fees from the sale of "Choose Life" license plates. Services provided are limited by the Statute and involve meeting the physical needs of pregnant women who are committed to placing their children up for adoption. The Contract funding recommended in this item reflects part of the total funds received from the "Choose Life" license plate funds for the 2008 - 2009 fiscal year. Countywide (TKF)

**Background & Justification:** The funds represent fees collected in Palm Beach County from the sale of the "Choose Life" plates, which must be distributed by the County in accordance with the provisions set forth in Florida Statutes. Eligible agencies are non-governmental and not-for-profit. Funds may not be distributed to any agency that is involved or associated with abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising, and funds may not be distributed to any agency that charges women for services received. In accordance with the Statute, the Contract requires audits to be submitted to the County on an annual basis by the agencies that receive funds, or the County may conduct a consolidated audit in lieu of the annual audit.

**Attachment:**

Amendment No. 2 with Adoption by Shepherd Care

Recommended by: [Signature] 2/2/10 Date  
Department Director

Approved by: [Signature] 2/11/10 Date  
Assistant County Administrator

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	<u>145,000</u>	—	—	—	—
External Revenues	—	—	—	—	—
Program Income (County)	—	—	—	—	—
In-Kind Match (County)	—	—	—	—	—
<b>NET FISCAL IMPACT</b>	<u>145,000</u>	—	—	—	—

**# ADDITIONAL FTE POSITIONS (Cumulative)** — — — — —

Is Item Included in Current Budget? Yes X No  
 Budget Account No.: Fund 1268 Dept 760 Unit 7668 Object 8201  
 Program Code N/A

**B. Recommended Sources of Funds/Summary of Fiscal Impact:**  
 State of Florida, Department of Motor Vehicle

**C. Departmental Fiscal Review:** Taruna Malhotra  
2/2/10

III. REVIEW COMMENTS

**A. OFMB Fiscal and/or Contract Administration Comments:**

[Signature]  
 2/5/10 OFMB  
 2/4/10

[Signature] 2/9/10  
 Contract Dev. and Control  
 2/9/10

**B. Legal Sufficiency:**

[Signature] 2/11/10  
 Assistant County Attorney

**This amendment complies with our review requirements.**

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

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

**AMENDMENT TO ADOPTION BY SHEPHERD CARE  
CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE**

**THIS AMENDMENT TO THE ADOPTION BY SHEPHERD CARE CONTRACT** (R2008-1285, July 22, 2008) made and entered into at West Palm Beach Florida, on this \_\_\_ day of \_\_\_, 20\_\_ by and between PALM BEACH COUNTY, hereinafter referred to as "COUNTY" and Adoption By Shepherd Care hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 5935 Taft Street, Hollywood, FL 33021.

**WITNESETH:**

**WHEREAS**, the parties entered in a contract on July 22, 2008 which provided for a one year extension.

**WHEREAS**, the contract was modified by Amendment 01 per (R2009-0968, June 16, 2009) 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 amended as follows:

- I. Article 3 – Payments is amended to read “The COUNTY shall pay to the AGENCY for services rendered under this contract, an amount not to exceed One Hundred Forty-Five Thousand Dollars (\$145,000).”
- II. Exhibit B is hereby amended and replaced with Exhibit B2 attached hereto and made a part hereof.

**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 are still in effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the parties hereto have caused this two (2) page 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**

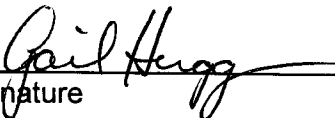
**BOARD OF COUNTY COMMISSIONERS**

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

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


**WITNESS:**

**AGENCY:**

  
\_\_\_\_\_  
Signature

Adoption By Shepherd Care  
\_\_\_\_\_  
Agency's Name Typed

Gail Huggins  
\_\_\_\_\_  
Name Typed

BY:   
\_\_\_\_\_  
Signature

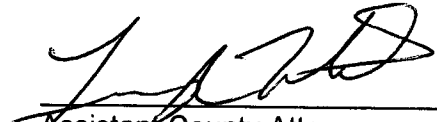
59-2022925  
\_\_\_\_\_  
Agency's Federal ID Number

Joseph D. Sica  
\_\_\_\_\_  
Agency's Signatory Name Typed

Executive Director  
\_\_\_\_\_  
Agency's Signatory Title Typed

**APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY**

**APPROVED AS TO TERMS AND CONDITIONS  
Department of Community Services**

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

By:   
\_\_\_\_\_  
Channell Wilkins, Director

**EXHIBIT "A2"**  
**CHOOSE LIFE LICENSE PLATE REVENUES**  
**FY 2010**

Name of Agency: Adoption By Shepherd Care

Street Address: 3405 Forest Hill Blvd., West Palm Beach, FL 33406

Mailing Address (if different): 5935 Taft St.

City: Hollywood State: Florida Zip: 33201

Agency phone: 561-588-3649 Agency fax: 561-964-9374

Officer/Director Name: Joseph D. Sica Title: Executive Director

E-mail address: adopt@adoptionshepherdcare.com

**I am in agreement with the following:**

That Palm Beach County will be responsible for the administration and disbursement of the funds generated by the *Choose Life License Plate Revenues*, to all qualified agencies in Palm Beach County.

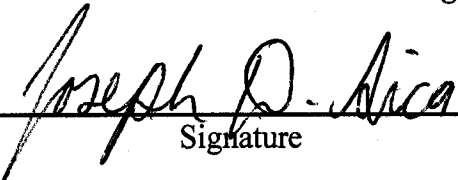
Palm Beach County and Adoption by Sheperd care will **not** charge an administration fee for this service.

The disbursement of the funds will be divided equally among all of the qualified agencies.

Any unused funds that exceed 10% of the funds received by a qualified agency during its fiscal year must be returned to Palm Beach County who shall then redistribute the monies to the other qualified agencies.

Adoption by Sheperd care will submit an annual audit, prepared by a certified public accountant to Palm Beach County Board of County Commissioners, Department of Community Services.

**I have read all of the above and agree.**

 Executive Director  
Signature Title

Joseph D. Sica January 26, 2010  
Print Name Date

**EXHIBIT "B2"**

**REIMBURSABLE EXPENSES ONLY  
SCHEDULE FOR PAYMENT AND BUDGET DATA  
FINANCIAL ASSISTANCE CONTRACT**

**Service/Program:** Choose Life License Plates/Adoption by Shepherd Care

**BILLING RATE**

**MAXIMUM AMOUNT AUTHORIZED** \$145,000.00

**BUDGET DATA**

Payment will be made only for the below stated cost categories. At least 70% of the funds must be expended in categories 1-7. A Maximum of 30% of the funds may be expended for training, advertising, counseling and adoption. In the event more than 30% of the funds are expended for training, advertising, counseling and adoption during the contract term, Agency will reimburse the County and over-expenditure.

<b><u>COST CATEGORY</u></b>	<b><u>TOTAL</u></b>
1. Clothing	\$ 2,000.00
2. Housing	\$ 65,000.00
3. Medical Care	\$ 10,000.00
4. Food	\$ 7,000.00
5. Utilities	\$ 9,000.00
6. Other Needs	\$ 5,500.00
7. Transportation	\$ 3,000.00
8. Training	\$ 2,000.00
9. Advertising	\$ 41,500.00
10. Adoption	\$
11. Counseling	\$

**MAXIMUM AMOUNT REIMBURSABLE EXPENSES** \$ 145,000.00.

All reimbursable expenses shall be reimbursed only at cost.

Reimbursable expenses shall mean the actual expenses as authorized by the COUNTY pursuant to this Contract, and reasonably incurred by the AGENCY directly in connection with the AGENCY'S performance of its duties and Scope of Work pursuant to this Contract.

No reimbursements will be made under this contract for any primary medical care (treatment of physical injury or conditions).

**CHOOSE LIFE LICENSE PLATE APPLICANT BUDGET  
FISCAL YEAR 2010**

<b>Agency:</b> <u>Adoption by Shepherd Care</u> <u>\$145,000</u>			
<b>Budget Period:</b> <u>October 1, 2009</u> to <u>September 30, 2010</u>			
<b>Expenditures</b>	<b>Total</b>	<b>Women</b>	<b>Infants</b>
<b>I. PRIMARY EXPENDITURES</b>			
Clothing	\$ 2,000.00	\$	\$
Housing	\$ 65,000.00	\$	\$
Medical Care	\$ 10,000.00	\$	\$
Food	\$ 7,000.00	\$	\$
Utilities	\$ 9,000.00	\$	\$
Other Needs	\$ 5,500.00	\$	\$
Transportation	\$ 3,000.00	\$	\$
<b>Sub-total</b>	<b>\$ 101,500.00</b>	<b>\$</b>	<b>\$</b>
Percentage of Requested Amount Utilized:		<u>70%</u>	
<b>II. SECONDARY EXPENDITURES</b>			
Counseling	\$	\$	\$
Training	\$ 2,000.00	\$	\$
Advertising	\$ 41,500.00	\$	\$
Adoption	\$	\$	\$
<b>Sub-total</b>	<b>\$ 43,500.00</b>	<b>\$</b>	<b>\$</b>
Percentage of Requested Amount Utilized:		<u>30%</u>	
<b>TOTAL REQUESTED \$ 145,000.00</b>			



# CERTIFICATE OF LIABILITY INSURANCE

Date (mm/dd/yy)  
1/8/2010

**Producer**

Hawley & Associates  
11911 NE 1st St., #B102  
Bellevue, WA 98005

425-462-4758  
www.HawleyandAssociates.com

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

- INSURER **A** American Alternative Ins. Corp.
- INSURER **B** Progressive Ins. Co.
- INSURER **C** Twin City Fire Ins. Co.
- INSURER **D**
- INSURER **E**

**Insured**

Shepherd Care Ministries  
DBA Adoption by Shepherd Care  
5935 Taft Street  
Hollywood FL 33021

### 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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE MM/DD/YY	POLICY EXPIRATION DATE MM/DD/YY	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIAB <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGG LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	99A2GL0001093-01	6/15/2009	6/15/2010	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS-COMP/OP AGG \$ 3,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS  <b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO  <b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	01830117-6	8/29/2009	8/29/2010	COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 50,000 AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ EACH OCCURRENCE \$ AGGREGATE \$
C	<b>WORKERS' COMPENSATION &amp; EMPLOYERS' LIABILITY</b>	30WECDO3371	10/14/2009	10/14/2010	<input checked="" type="checkbox"/> STATUTORY LIMIT <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 100,000 EL DISEASE - EA EMPLOYEE \$ 100,000 EL DISEASE - POLICY LIMIT \$ 500,000
A A	Professional Liab Sexual/Phys Abuse	99A2PL0001204-01 Deductible: \$2,500	6/15/2009	6/15/2010	\$3mil agg / \$1mil occ \$300,000 agg / \$100,000 occ

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

Palm Beach County Board of County Commissioners are listed as additional insured

### CERTIFICATE HOLDER

Palm Beach County  
Board of County Commissioners  
810 Datura St.  
West Palm Beach FL 33401

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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 COMPANY, ITS AGENTS OR REPRESENTATIVES. \* 10 Days for Non-Payment of Premium.

AUTHORIZED REPRESENTATIVE

Phil Hawley