

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: June 8, 2010

☒ Consent

☐ Regular

☐ Ordinance

☐ Public Hearing

Department: Parks and Recreation

Submitted By: Parks and Recreation Department

Submitted For: Parks and Recreation Department

I. EXECUTIVE BRIEF

**Motion and Title:** Staff recommends motion to receive and file: executed Independent Contractor Agreement received during the month of March.

Caroline Karolinko, Synchronized Swimming Coach, Aqua Crest Pool for the period April 18, 2010, through April 17, 2011, in an amount not-to-exceed \$27,000. (KARO1073000410530300E).

**Summary:** In accordance with County PPM CW-O-051, all delegated contracts/agreements/grants must be submitted by the initiating Department as a receive and file agenda item. The attached Independent Contractor Agreement has been fully executed on behalf of the Board of County Commissioners (Board) by the County Administrator/Director/Assistant Director of the Parks and Recreation Department in accordance with Resolution 94-422, amended by Resolutions 02-2103 and 07-0409, and is now being submitted to the Board to receive and file. District 7 (AH)

**Background and Justification:** A resolution providing authority to execute Independent Contractor Agreements with recreation instructors and sports officials (Resolution 94-422, amended by Resolutions 02-2103 and 07-0409) was adopted by the Board to streamline the hiring process. The Board granted the Director/Assistant Director of Parks and Recreation authority to execute Independent Contractor Agreements with recreation instructors and sports officials up to \$10,000, with contracts of \$10,000 or more requiring the County Administrator's approval.

The Agreement attached has been executed on behalf of the Board by the County Administrator/Director/Assistant Director of the Parks and Recreation Department in accordance with the authority delegated by the Board, and is now being submitted to the Board to receive and file.

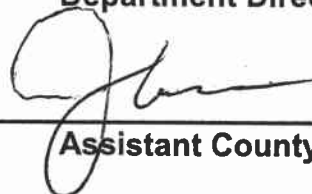
**Attachment:** Independent Contractor Agreement

Recommended by:

  
Department Director

5-19-10  
Date

Approved by:

  
Assistant County Administrator

5/28/10  
Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

| Fiscal Years                            | 2010     | 2011     | 2012 | 2013 | 2014 |
|---|----------|----------|------|------|------|
| Capital Expenditures                    | -0-      | -0-      | -0-  | -0-  | -0-  |
| Operating Costs                         | 12,375   | 14,625   | -0-  | -0-  | -0-  |
| External Revenues                       | (15,469) | (18,281) | -0-  | -0-  | -0-  |
| Program Income (County)                 | -0-      | -0-      | -0-  | -0-  | -0-  |
| In-Kind Match (County)                  | -0-      | -0-      | -0-  | -0-  | -0-  |
| NET FISCAL IMPACT                       | (3,094)  | (3,656)  | -0-  | -0-  | -0-  |
| # ADDITIONAL FTE POSITIONS (Cumulative) | 0        | 0        |      |      |      |

Is Item Included in Current Budget? Yes X No         
Budget Account No.: Fund 0001 Department 580 Unit 5303  
Object 3422/Revenue Source 4724 Program N/A

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

| Contractor         | FY2010  |         | FY2011  |         |
|--------------------|---------|---------|---------|---------|
|                    | Revenue | Expense | Revenue | Expense |
| Caroline Karolinko | 15,469  | 12,375  | 18,281  | 14,625  |

C. Departmental Fiscal Review:                     chopelakis                    

III. REVIEW COMMENTS

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

OFMB

  
5/26/10  
5/27/10

Contract Development and Control

  
5/27/10

B. Legal Sufficiency:

Anne Helgert 5/28/10  
Assistant County Attorney

C. Other Department Review:

Department Director

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



Palm Beach County  
Parks and Recreation Dept.

DATE : 03/25/2010

Contract Tracking System 0000001500

## CONTRACT INFORMATION

Active

KARO1073000410530300E

Certificate of Insurance

NAME : KAROLINKO, CAROLINE  
VENDOR CODE: KARO107300  
INSTRUCTOR: SYNCHRONIZED SWIMMING COACH  
ACCOUNT NUMBER : 0001-580-5303-00-3422  
LOCATION: AQUA CREST POOL  
PROGRAM: SYNCHRO SWIMMIN

---

CONTRACT DATE : 03/25/2010

START DATE : 04/18/2010

END DATE : 04/17/2011

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|                   |           |                 |           |
|-------------------|-----------|-----------------|-----------|
| CONTRACT AMOUNT : | 27,000.00 | REVENUE AMOUNT: | 33,750.00 |
| USED AMOUNT :     | 0.00      | USED AMOUNT :   | 0.00      |
| AMOUNT LEFT :     | 27,000.00 | AMOUNT LEFT :   | 33,750.00 |

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### ASSIGNED CATEGORIES:

SYNCHRONIZED SWIMMING

0.80 Pct



Denise M. Nieman  
County Attorney

P.O. Box 1989

West Palm Beach, FL 33402-1989

(561) 355-2225

Suncom: (561) 273-2225

FAX: (561) 355-4398

www.pbcgov.com



**Palm Beach County  
Board of County  
Commissioners**

Burt Aaronson, Chair

Karen T. Marcus, Vice Chair

Jeff Koons

Shelley Vana

Steven L. Abrams

Jess R. Santamaria

Priscilla A. Taylor

**County Administrator**

Robert Weisman

*"An Equal Opportunity  
Affirmative Action Employer"*



printed on recycled paper

RECEIVED

2010 APR 23 PM 2:36

SHARON R. DOCK, CLERK  
BOARD OF CO COMM PB CO  
FINANCE

**MEMORANDUM**

TO: Robert Weisman, County Administrator

FROM: Anne Helfant, Assistant County Attorney *A.H.*

DATE: April 19, 2010

RE: Independent Contractor Agreement

Attached is an Independent Contractor Agreement for Caroline Karolinko. I have reviewed and approved the Agreement as to form and legal sufficiency. In accordance with R2002-2103, the County Administrator is delegated authority to execute standard Independent Contractor Agreements for the provision of recreation instructors for all contracts totaling \$10,000 or greater.

Once you have executed the attached Agreement, please forward it to Bebe Zwan, Contracts Management Clerk at Parks for further processing.

Should you have any questions, please do not hesitate to contact me.

AH:et  
Encl.

cc: James C. Mize, Jr., Chief Assistant County Attorney (w/o enclosures)  
Indira Persaud, Special Projects Coordinator (w/o enclosures)



Department of  
Parks and Recreation  
2700 6<sup>th</sup> Avenue South  
Lake Worth, FL 33461  
(561) 966-6600  
Fax: (561) 642-2640  
[www.pbcgov.com](http://www.pbcgov.com)

Palm Beach County  
Board of County  
Commissioners

Burt Aaronson, Chair  
Karen T. Marcus, Vice Chair

Jeff Koons  
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Steven L. Abrams  
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Priscilla A. Taylor

County Administrator  
Robert Weisman

"An Equal Opportunity  
Affirmative Action Employer"

## INTER-OFFICE COMMUNICATION

PARKS & RECREATION DEPARTMENT

**TO:** Bob Weisman  
County Administrator

**THRU:** Dennis Eshleman, Director  
Parks & Recreation Department  
Anne Helfant, Assistant County Attorney

**FROM:** Dave Lill, Director  
Aquatics Division

**DATE:** March 24, 2010

**RE:** INDEPENDENT CONTRACTOR AGREEMENTS

Board Resolution R2002-2103 as amended by Resolution adopted by the Board of County Commissioners on 03/13/07, authorizes the County Administrator or the Director/Assistant Director of Parks and Recreation to execute standard independent contractor agreements for the provision of recreation instructors. Said resolutions require that the County Administrator approve any and all contracts totaling \$10,000 or greater. Contracts expected to total \$9,999.99 and less are to be approved by the Director/Assistant Director of Parks and Recreation.

Attached for your signature is a contract for a Synchronized Swimming program which represents total annual dollars in excess of the Director's approval authority.

Caroline Karolinko, US Synchronized Swimming Head Coach, Aqua Crest Pool  
\$27,000.00

Please execute the attached contract.

Thank you.

# INTEROFFICE COMMUNICATION

PARKS AND RECREATION DEPARTMENT



**RECEIVED**

**MAR 29 2010**

**P.B. COUNTY ATTORNEY**

TO: Annie Helfant, Assistant County Attorney  
FROM: Indira Persaud, Special Projects Coordinator  
DATE: March 24, 2010  
RE: Contract(s) to be reviewed

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Per your request, enclosed is a contract to be reviewed by you prior to being processed. To save time, the contract was signed by Dennis Eshleman, Director of Parks and Recreation. Please forward to County Administrator Mr. Robert Weisman, for his signature.

Caroline Karolinko, US Synchronized Swimming Head Coach, Aqua Crest Pool

Please return the contract to Bebe Zwan, Contracts Management Clerk.

Thank you.

# AQUATICS

ACCOUNT: 0001-580- 5303 -3422

VENDOR CODE:

CONTRACT:

MC: Ja

PS: LC

FSS: J

CC: IP

CA: A.W.

DD: DHL

## INDEPENDENT CONTRACTOR AGREEMENT FOR PALM BEACH COUNTY PARKS & RECREATION DEPARTMENT

This Agreement is made as of the 25 day of March 2010, by and between the Board of County Commissioners of Palm Beach County, Florida, hereinafter referred to as the "COUNTY" and Caroline Karolinko, an Independent Contractor, hereinafter referred to as "CONTRACTOR".

### WITNESSETH:

**WHEREAS**, the COUNTY desires to make available (a) (an) US Synchronized Swimming program, and desires to contract with CONTRACTOR to provide a specific service for that program; and

**WHEREAS**, the COUNTY and CONTRACTOR desire to clarify and define their responsibilities with regard to providing said program.

**NOW THEREFORE**, in consideration of the mutual covenants and promises contained herein, the COUNTY and CONTRACTOR hereby agree as follows:

1. **Term:** The class, activity or service will begin on April 18, 2010 and will meet thereafter with the termination date of this agreement being April 17, 2011.
2. **Fees:** Palm Beach County Parks and Recreation Department, on behalf of COUNTY, shall collect all fees and charges from participants. The fee(s) charged by the COUNTY for this class or activity (is) (are): \$60-80.00 per participant per month Revenue Account No. 0001-580-5303-4724-02 \$35.-  
07 ck
3. **Payments To Contractor:**
  - a. The total amount to be paid by the COUNTY under this Contract for all services and materials shall not exceed a total contract amount of Twenty Seven Thousand Dollars (\$27,000). The CONTRACTOR shall notify the COUNTY's representative in writing when 90% of the "not to exceed amount" has been reached. The CONTRACTOR will bill the COUNTY on a bi-weekly basis per the attached schedule of payments, or as otherwise provided in Exhibit "B" for services rendered toward the completion of the Scope of Work. Where incremental billings for partially completed items are permitted, the total billings shall not exceed the estimated percentage of completion as of the billing date.
  - b. The CONTRACTOR's fee shall be the sum of \$ N/A or 80 % of the paid enrollment fees for the class or activity.
4. **Specific Details:**
  - a. Type of service/instructor: US Synchronized Swimming Head Coach
  - b. Name of class or activity: US Synchronized Competitive Swimming Program
  - c. Day(s)/Date(s) Scheduled: Monday-Sunday
  - d. Time Scheduled: Monday, Wednesday & Thursday 5:30-7:30 pm; Tuesday & Friday 5:30-& 7:00 pm; Saturday 9:00 am - 1:00 pm
  - e. Location: Aqua Crest Pool
  - f. A minimum of 12 and a maximum of 60 paid enrollments must be received by the COUNTY prior to commencement of the class or activity. COUNTY reserves the right to cancel each class or

**received**  
3/23/10

activity which does not have the specified minimum number of participants registered.

5. **Independent Contractor Status:** It is specifically understood that the CONTRACTOR is an independent contractor and not an employee of the COUNTY. The COUNTY and CONTRACTOR agree that this Agreement is not a contract of employment and that no relationship of Employer/Employee or Principal/Agent is or shall be created hereby nor shall hereafter exist by reason of the performance of the services herein specified.
6. **Taxes:** It is acknowledged and agreed by the COUNTY and CONTRACTOR that the service herein provided by the CONTRACTOR is a professional service and that the COUNTY is neither paying Social Security benefits nor withholding taxes from the CONTRACTOR's compensation for said service. The CONTRACTOR assumes all liability and responsibility for payment of his/her own FICA and Social Security benefits with respect to this Agreement.
7. **Termination:** The COUNTY may terminate this Agreement at any time upon written notice to the CONTRACTOR and the CONTRACTOR may terminate this Agreement upon written notice mailed to the COUNTY at least thirty (30) working days prior to the CONTRACTOR's departure date.
8. **Subcontracting:** The CONTRACTOR may not, without written approval of the COUNTY, subcontract or assign any rights, responsibilities or obligations under this Agreement.
9. **Performance:**
  - a. CONTRACTOR agrees to:
    1. Perform the services set forth herein in accordance with all applicable association/governing body rules and regulations, and in a competent, professional, safe, and responsible manner with full regard for the safety of the participants as well as the facility.
    2. No person other than the CONTRACTOR or a qualified employee of the CONTRACTOR shall be engaged to provide the services provided for in this Agreement.
    3. Provide written activity plans for each class or activity for which the CONTRACTOR is responsible.
    4. Provide and maintain, in proper working order, all necessary equipment specified to conduct the services provided for in this agreement.
    5. Inspect the activity site prior to beginning each class or activity in accordance with safety standards as explained in the CONTRACTOR's orientation program. Should a safety condition exist at a facility, CONTRACTOR should report said condition immediately to the County Representative and postpone said class or activity until the condition is addressed.
    6. Inspect the activity site after the class or activity is concluded to assure that the facility is left in the condition in which it was found.
    7. Utilize his or her own methods and procedures toward a result which shall be in accordance with the purposes, intent and objectives of the COUNTY in providing such recreational class or activity.
    8. Provide the County Representative with 10 days notice of all schedule conflicts/changes.
    9. CONTRACTOR shall immediately notify the County Representative of any unanticipated absences such as personal/family illnesses.
  - b. COUNTY agrees to:
    1. Maintain the facilities in proper working order.
    2. Conduct registration, collect participation fees and process class transfers or refunds for any and all programs and registrants.
    3. Provide class/activity rosters to the CONTRACTOR for distribution.



4. Publicize the class or activity through the Leisure Times and public service announcements.
10. **Exhibits:** If any additional provisions are applicable to the class or activity as provided for herein, CONTRACTOR and COUNTY may attach applicable Exhibit(s). If any additional requirements such as specialty certifications, licenses and/or memberships applicable to the class or activity are required CONTRACTOR and COUNTY may attach applicable Exhibit(s). The CONTRACTOR's proposal should also be included as an Exhibit to this Agreement. All Exhibits shall be incorporated into and made a part hereof.
11. **County Representative:** The County Representative for this CONTRACT is:  
Michelle Lawrence, Facility Manager I, Aqua Crest Pool PH: 561-278-7174
12. **Indemnification:** The CONTRACTOR shall protect, defend, reimburse, indemnify and hold COUNTY, its agents, servants, employees and elected officers harmless from and against any and all claims, liability, losses, expense, cost, damages and/or causes of action of every kind or character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, which may arise from any and all acts or omissions of the CONTRACTOR during the performance of the CONTRACTOR's service under this Agreement.
13. **Notices:** All notices required in this Agreement shall be hand delivered or sent by certified mail, return receipt requested, if sent to the COUNTY shall be mailed to:  
  
Director of Aquatics  
Palm Beach County Parks and Recreation Department  
2700 Sixth Avenue South  
Lake Worth, FL 33461
- and if sent to the CONTRACTOR shall be mailed to:  
  
CONTRACTOR'S Name: Caroline Karolinko  
  
CONTRACTOR'S Address: 6293 Country Fair Circle  
Boynton Beach, FL 33437  
  
CONTRACTOR'S Phone No. 561-364-8268 Cell 561-706-7880
14. **Remedies:** This Agreement shall be governed by the laws of the State of Florida. Any legal action necessary to enforce this Agreement shall be held in Palm Beach County. Nothing herein shall be construed as creating any personal liability on the part of any officer or agent of the COUNTY, or shall it be construed as giving any rights or benefits hereunder to anyone other than the COUNTY and the CONTRACTOR.
15. **Availability of Funds:** The COUNTY's performance and obligation to pay under this Agreement for subsequent fiscal year's is contingent upon annual appropriations for its purpose by the Board of County Commissioners.
16. **Arrears:** The CONTRACTOR shall not pledge the COUNTY'S credit or make it a guarantor of payment or surety for any contract, debt, obligation, judgment, lien, or any form of indebtedness. The CONTRACTOR further warrants and represents that it has no obligation or indebtedness that would impair its ability to fulfill the terms of this Agreement.
17. **Public Entity Crimes:** As provided in F.S. 287.132-133, by entering into this Agreement or performing any work in furtherance hereof, the CONTRACTOR certifies that it, its affiliates, suppliers, subcontractors and consultants who will perform hereunder, have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the 36 months immediately preceding the date hereof. This notice is required by F.S. 287.133(3)(a).
18. **Criminal History Records Check:** The CONTRACTOR shall comply with the provisions of Ordinance 2003-030, the Criminal History Records Check Ordinance ("Ordinance"), if CONTRACTOR'S employees or subcontractors are required under this Agreement to enter a "critical facility" as identified in Resolution R-2003-1274. The CONTRACTOR acknowledges and agrees that all employees and subcontractors who are to enter a "critical facility" will be subject to a fingerprint based criminal history records check. Although COUNTY agrees to pay for all applicable FDLE/FBI fees required for criminal history records check, the CONTRACTOR shall be solely

responsible for the financial, schedule, and staffing implications associated in complying with Ordinance 2003-030.

19. **Severability:** If any term or provision of this Agreement, or the application thereof to any person or circumstances shall, to any extent, be held invalid or unenforceable, the remainder of this Agreement, or the application of such terms or provision, to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected, and every other term and provision of this Agreement shall be deemed valid and enforceable to the extent permitted by law.
20. **Entirety of Contractual Agreement:** The COUNTY and the CONTRACTOR agree that this Agreement sets forth the entire agreement between the parties, and that there are no promises or understandings other than those stated herein. None of the provisions, terms and conditions contained in this Agreement may be added to, modified, superseded or otherwise altered, except by written instrument executed by the parties hereto.

IN WITNESS WHEREOF, the parties have set their hands and seals in the date first above written.

**PALM BEACH COUNTY WITNESS**

Nancy Beale  
SIGNATURE  
NANCY BEALE  
NAME (TYPE OR PRINT)

**PALM BEACH COUNTY**

Eric Coel  
DEPARTMENT DIRECTOR/ASSISTANT DIRECTOR  
[Signature]  
COUNTY ADMINISTRATOR (If contract value exceeds \$10,000.)

**CONTRACTOR WITNESS**

S. Michelle Lawrence  
SIGNATURE  
S. Michelle Lawrence  
NAME (TYPE OR PRINT)  
Facility Manager

**INDEPENDENT CONTRACTOR**

Carol Karolinko  
SIGNATURE  
Caroline Karolinko  
NAME & TITLE (TYPE OR PRINT)  
Palm Bch Cordlytes  
Head Coach

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

Anne Deland  
COUNTY ATTORNEY

## **SCOPE OF SERVICES**

### **The basic requirements for the US Synchronized Swimming Head Coach (CONTRACTOR) are as follows:**

The CONTRACTOR shall provide these services during the term of this contract in compliance with all terms of the agreement. If any conflict arises, this Scope of Services will supercede.

#### **A. Scope of Work**

The CONTRACTOR has the responsibility of training swimmers in preparation for competitive fitness and open water swimming events. CONTRACTOR will be responsible for organizing and supervising a USSS program in accordance with USSS standards and the approved USSS rule book. CONTRACTOR is responsible for daily training. Participants will be supervised during a variety of exercises, swimming drills, and instructional sessions.

Palm Beach County Parks and Recreation Department desires to serve all constituents of the public by providing programming for ages 18 and over and all skills levels.

Immediately upon arrival at the facility, if pool staff is not present, inspect the site prior to beginning any activity. CONTRACTOR will be required to make decisions regarding safe weather and water conditions, and will be expected to cancel or postpone practice sessions when conditions are unsafe.

If chemical levels are not reading between 1.5-3.0 for chlorine and 7.2-7.6 for pH, swimmers should not enter the pool. Location of the test kit, training in its use, and access to it will be made available to the CONTRACTOR. Should any safety condition exist at the facility, the CONTRACTOR will report said condition to the facility manager immediately upon the manager's arrival at the facility. If the condition creates a risk to the participants or spectators, the activity will be postponed until corrective action has been completed.

CONTRACTOR shall be provided with and follow established CRITICAL INCIDENT PROCEDURES/ EMERGENCY ACTION PLANS should a serious incident or injury occur at the facility.

CONTRACTOR will work within the aquatic chain-of-command: Facility Manager, Aquatic Program Coordinator, Aquatics Supervisor and Aquatics Director as outlined in Exhibit A. CONTRACTOR will work with and maintain open dialogue with the facility manager regarding program needs, program changes, additions or removals, or problems with the facility or equipment, by general daily interaction and scheduled meetings as needed.

CONTRACTOR will ensure that all participants be instructed in the pool rules and safety procedures to ensure that risk of injury or accidents is minimized. During facility operational hours program participants will obey all pool rules. CONTRACTOR will ensure that either the contractor or designated sub-contractor with American Red Cross Safety Training for Swim Coaches certification, First Aid; CPR (equivalent or higher training) and a first aid kit is available on deck at all times. Perform the services set forth herein in a competent, professional, safe and responsible

manner with full regard for the safety of the participants as well as for the facility.

CONTRACTOR will provide responses to public questions and requests for program information and membership details. CONTRACTOR shall display effective and respectful behavior in all public contacts while performing contracted services.

CONTRACTOR will provide the facility manager with 14 days notice of all anticipated conflicts, schedule changes, and or absences. The CONTRACTOR shall immediately notify the facility manager of any unanticipated absences. The County will provide the CONTRACTOR with 14 days notice of anticipated events that would affect the scheduled practices or approved activities.

CONTRACTOR will provide copies of any literature pertaining to the USSS swim team to the facility manager and obtain approval from the facility manager for all activities at the facility other than permitted practice times.

Adhere to all applicable COUNTY policies and procedures.

CONTRACTOR will provide the facility manager a monthly list with registered USS participants containing the following information: first name; last name; age and sex. All changes to this information must be made monthly and provided to the facility manager on the first of each month.

CONTRACTOR will provide facility manager with daily attendance figures for each month on the last day of each month.

CONTRACTOR will secure necessary timers, meet officials, and volunteers for the set up, running, take down and clean up for all swim meets hosted by the Synchronized Swimming team.

#### **B. Use of Premises**

The facility, when permitted by the COUNTY to the CONTRACTOR for the USS competitive swimming program, shall not be permitted by the Contractor, for use to any other organization or group during their permitted time.

CONTRACTOR will submit written requests for facility space to the facility manager on an annual basis. Said requests shall be reviewed by the facility manager and request for said usage shall not be unreasonably withheld. At a minimum, submit to the facility manager quarterly, proposed pool needs and activity schedules. The facility manager will review said schedule and after considering the needs of the general public and other program offerings at the facility make reasonable changes thereto, or agree to the schedule as proposed.

Ensure proper use and care of all equipment by CONTRACTOR and program participants.

Ensure that the facility is utilized properly and as scheduled, left clean and that opening and closing procedures are followed. The CONTRACTOR shall also close and secure the facility each evening if the program conclusion is after operational hours.

CONTRACTOR will inform the facility manager immediately via e-mail, telephone or in person of

any equipment malfunction or failure.

The Parks and Recreation Department may authorize the closing of the pool during necessary repair work or in the event of severe weather. In these instances the pool will remain closed until the COUNTY authorizes its reopening.

C. Personnel

The CONTRACTOR will not have any other personnel other than themselves as the coach.

D. Program Fees & Charges

The Palm Beach County Parks and Recreation Department, on behalf of the COUNTY, shall collect all program fees and charges from participants. All program fees and charges will be made payable to: **Board of County Commissioners**. The COUNTY will provide the CONTRACTOR with bi-weekly reports updating participant's payment status. CONTRACTOR shall assist COUNTY with the collection of fees.

Any and all monthly program rate change must be approved in writing in advance by the Director of the Parks and Recreation Department.

E. Payments To Contractor

Payment shall be made to the CONTRACTOR by the COUNTY when invoiced but no more than once every two weeks per the approved payment proposal. Payments will be made only for the current month of service, there will be no advanced payment for services.



**PALM BEACH COUNTY**  
**PARKS AND RECREATION DEPARTMENT**

**SUMMARY OF QUALIFICATIONS**  
**RECREATION INSTRUCTORS & SPORTS OFFICIALS**

Caroline Karolinko

Name of Recreation Service Provider/Sports Official

1. Which service(s) are you interested in providing? Synchronized  
swimming coach

2. List prior work experience in providing this service:

| <u>Dates</u>      | <u>Agency/Company</u>     | <u>Representative</u> |
|-------------------|---------------------------|-----------------------|
| (A). 2004-present | head coach PB Parks & Rec |                       |
|                   | synchronized swim coach   |                       |

| <u>Scope of Work</u>                    | <u>Contact #</u> |
|---|------------------|
| choreographs, train, condition athletes |                  |

| <u>Dates</u>              | <u>Agency/Company</u>              | <u>Representative</u> |
|---------------------------|------------------------------------|-----------------------|
| (B). Graduated UF in 2007 | Bachelors in                       |                       |
|                           | Communication Sciences & Disorders |                       |
|                           | Masters in Speech Therapy at FAU   |                       |
|                           | graduate in 2011                   |                       |

| <u>Scope of Work</u> | <u>Contact #</u> |
|----------------------|------------------|
|                      |                  |
|                      |                  |

| <u>Dates</u>         | <u>Agency/Company</u> | <u>Representative</u> |
|----------------------|-----------------------|-----------------------|
| (C).                 |                       |                       |
|                      |                       |                       |
|                      |                       |                       |
|                      |                       |                       |
| <u>Scope of Work</u> | <u>Contact #</u>      |                       |
|                      |                       |                       |
|                      |                       |                       |
|                      |                       |                       |

3. List any licenses/certification/education you have completed relevant to providing this service:

| <u>Dates</u>                                   | <u>License/certification/education</u> | <u>Location/Instructor</u> |
|--|--|----------------------------|
| WSI, CPR, First Aid, Lifeguard, National Level |  |                            |
| Judge, Technical Chair FLGC, AED,              |  |                            |
| Safety Training                                |  |                            |
|  |  |                            |

4. Are you or any of your employees related to anyone employed by the Palm Beach County Parks and Recreation Department?

☐ Yes ☒ No

If yes, give name and relationship.

|  |
|--|
|  |
|  |



**Palm Beach County  
Parks and Recreation Department**

**Contractor Background Screening  
Consent/Release Form**

Applicant's Social Security Number [REDACTED]

Full Name (print) Caroline Anne Karolinko Sex F Race C  
Date of Birth 11/27/85 Driver's License No. K645-101-85-927-0  
Address 6293 Country Fair Circle  
City Boynton Bch State FL Zip 33437

I, Caroline Karolinko, authorize and give consent for Palm Beach County to obtain information regarding myself. This includes the following:

- County, State, and/or National Criminal History Background Records/Information Checks
- Sex Offender Registry Checks
- Current and Former Addresses
- Social Security Number Verification

I, the undersigned, authorize the above information to be obtained by Palm Beach County either in writing or via telephone in connection with my agreement to enter into a contract with Palm Beach County. I hereby release and hold Palm Beach County, its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, associated with obtaining or releasing the above information. Information obtained by Palm Beach County will be held in confidence in accordance with Palm Beach County's policies and procedures and state and federal law.

Print Name: Caroline Karolinko Date: 3.23.2010  
Signature: Ca Karolinko





**PALM BEACH COUNTY  
PARKS AND RECREATION DEPARTMENT**

**APPLICANT DISCLOSURE (Please read carefully)**

Our agency screens prospective contractors/volunteers to evaluate whether an applicant poses a risk of harm to the youth, elderly, or individuals it serves. Information obtained is not an automatic bar to contract/volunteer service, but is considered in view of all relevant circumstances. This disclosure is required to be completed by applicants for contractual or volunteer positions in order to be considered. Any falsification, misrepresentation, or incompleteness in this disclosure alone is grounds for disqualification or termination.

APPLICANT: Caroline Karolinko  
Please print complete name

I understand I must acknowledge the existence of any criminal records relating to the following list, regardless of whether or not those records have been sealed or expunged. I understand that I am also obligated to notify Palm Beach County Parks and Recreation Department of any possible disqualifying offenses that may occur while providing services for/with Palm Beach County Parks and Recreation Department.

Initial next to all that apply and provide a brief explanation below:

|                          |                  |   |
|--------------------------|------------------|---|
| <input type="checkbox"/> | Sections 393.135 | relating to sexual misconduct with certain developmentally disabled clients   |
| <input type="checkbox"/> | 394.4593         | relating to sexual misconduct with certain mental Health patients   |
| <input type="checkbox"/> | Sections 415.111 | adult abuse, neglect, or exploitation of aged person or disabled adults   |
| <input type="checkbox"/> | 741.30           | domestic violence and injunction for protection (defined in 741.28) means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, etc. of a family or household member |
| <input type="checkbox"/> | 782.04           | murder  |
| <input type="checkbox"/> | 782.07           | manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child   |
| <input type="checkbox"/> | 782.071          | vehicular homicide  |
| <input type="checkbox"/> | 782.09           | killing an unborn child by injury to the mother   |
| <input type="checkbox"/> | 784.011          | assault, if the victim of offense was a minor   |
| <input type="checkbox"/> | 784.021          | aggravated assault  |
| <input type="checkbox"/> | 784.03           | battery, if the victim of offense was a minor   |
| <input type="checkbox"/> | 784.045          | aggravated battery  |
| <input type="checkbox"/> | 787.01           | kidnapping  |
| <input type="checkbox"/> | 787.02           | false imprisonment  |
| <input type="checkbox"/> | 787.04(2)        | taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings  |
| <input type="checkbox"/> | 787.04(3)        | carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person   |
| <input type="checkbox"/> | 790.115(1)       | exhibiting firearms or weapons within 1,000 feet of a school  |
| <input type="checkbox"/> | 790.115(2b)      | possessing an electric weapon or device, destructive device, or other weapon on school property   |
| <input type="checkbox"/> | 794.011          | sexual battery  |
| <input type="checkbox"/> | 794.041          | prohibited acts of persons in familial or custodial authority (former)  |
| <input type="checkbox"/> | Chapter 796      | prostitution  |
| <input type="checkbox"/> | Section 798.02   | lewd and lascivious behavior  |
| <input type="checkbox"/> | Chapter 800      | lewdness and indecent exposure  |
| <input type="checkbox"/> | Section 806.01   | arson   |
| <input type="checkbox"/> | Chapter 812      | felony theft and/or robbery   |
| <input type="checkbox"/> | Sections 817.563 | fraudulent sale of controlled substances, if the offense was a felony   |
| <input type="checkbox"/> | 825.102          | abuse, aggravated abuse, or neglect of disabled adults or elderly persons   |
| <input type="checkbox"/> | 825.1025         | lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult  |
| <input type="checkbox"/> | 825.103          | exploitation of disabled adults or elderly persons, if the offense was a felony   |

|       |                   |   |
|-------|-------------------|---|
| _____ | 826.04            | incest  |
| _____ | 827.03            | child abuse, aggravated child abuse, or neglect of a child  |
| _____ | 827.04            | contributing to the delinquency or dependency of a child  |
| _____ | 827.05            | negligent treatment of children   |
| _____ | 827.071           | sexual performance by a child   |
| _____ | 843.01            | resisting arrest with violence  |
| _____ | Chapter 847       | obscene literature  |
| _____ | Section 847.05(1) | encouraging or recruiting another to join a criminal gang   |
| _____ | Chapter 893       | drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor |
| _____ | Section 985.4045  | sexual misconduct in juvenile justice programs  |

Explanation: (Provide details of any items initialed above. Attach another sheet if necessary.)

| Description | Dates |
|-------------|-------|
| _____       | _____ |
| _____       | _____ |
| _____       | _____ |
| _____       | _____ |
| _____       | _____ |

The above statements are true and complete to the best of my knowledge.
INITIAL:

CK

By signing this section, I affirm that I have not been charged, found guilty or entered a plea of guilty or nolo contendere (no contest), regardless of the adjudication, to any of the foregoing charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction. I also affirm that I do not have a delinquency record that is similar to any of these offenses.

Carol Karl

3.23.2010

Applicant's Signature

Date

OR

By signing this section, I declare that my record may contain one or more of the foregoing Disqualifying charges, acts or offences and that the explanation I have provided is complete and true with regard to any of the above charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction.

Applicant's Signature

Date

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| <b>ACORD</b>  |  | <b>CERTIFICATE OF LIABILITY INSURANCE</b>  |  | OP ID KJ<br>USSYN-1   |  | DATE (MM/DD/YYYY)<br>04/19/10                        |  |
| <b>PRODUCER</b><br>Loomis & LaPann, Inc.<br>PO Box 2158<br>18 Exchange Street<br>Glens Falls NY 12801<br>Phone: 518-792-6561 Fax: 518-792-3426  |  |  |  | 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>INSURED</b><br><br>US Synchronized Swimming<br>And its Member Clubs<br>132 E Washington St, Suite 820<br>Indianapolis IN 46204   |  |  |  | <b>INSURERS AFFORDING COVERAGE</b>  |  | <b>NAIC #</b>  |  |
|   |  |  |  | INSURER A: Lexington Insurance Company  |  |  |  |
|   |  |  |  | INSURER 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. |  |  |  |   |  |  |  |
| <b>INSR ADD'L LTR INSRD</b>   |  | <b>TYPE OF INSURANCE</b>   |  | <b>POLICY NUMBER</b>  |  | <b>POLICY EFFECTIVE DATE (MM/DD/YY)</b>              |  |
| <b>A</b>  |  | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |  | 43924538-01   |  | 10/01/09   |  |
|   |  |  |  |   |  | 10/01/10   |  |
|   |  |  |  |   |  | EACH OCCURRENCE \$ 2,000,000                         |  |
|   |  |  |  |   |  | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 |  |
|   |  |  |  |   |  | MED EXP (Any one person) \$ Excluded                 |  |
|   |  |  |  |   |  | PERSONAL & ADV INJURY \$ 2,000,000                   |  |
|   |  |  |  |   |  | GENERAL AGGREGATE \$ 5,000,000                       |  |
|   |  |  |  |   |  | PRODUCTS - COMP/OP AGG \$ 2,000,000                  |  |
|   |  |  |  |   |  |  |  |
|   |  | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |  |   |  |  |  |
|   |  |  |  |   |  | COMBINED SINGLE LIMIT (Ea accident) \$               |  |
|   |  |  |  |   |  | BODILY INJURY (Per person) \$                        |  |
|   |  |  |  |   |  | BODILY INJURY (Per accident) \$                      |  |
|   |  |  |  |   |  | PROPERTY DAMAGE (Per accident) \$                    |  |
|   |  | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO   |  |   |  |  |  |
|   |  |  |  |   |  | AUTO ONLY - EA ACCIDENT \$                           |  |
|   |  |  |  |   |  | OTHER THAN EA ACC \$                                 |  |
|   |  |  |  |   |  | AGG \$   |  |
|   |  | <b>EXCESS/UMBRELLA LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><br>DEDUCTIBLE<br>RETENTION \$  |  |   |  |  |  |
|   |  |  |  |   |  | EACH OCCURRENCE \$                                   |  |
|   |  |  |  |   |  | AGGREGATE \$   |  |
|   |  |  |  |   |  | \$   |  |
|   |  |  |  |   |  | \$   |  |
|   |  |  |  |   |  | \$   |  |
|   |  |  |  |   |  | \$   |  |
|   |  | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below   |  |   |  | WC STATU-TORY LIMITS                                 |  |
|   |  |  |  |   |  | OTH-ER   |  |
|   |  |  |  |   |  | E.L. EACH ACCIDENT \$                                |  |
|   |  |  |  |   |  | E.L. DISEASE - EA EMPLOYEE \$                        |  |
|   |  |  |  |   |  | E.L. DISEASE - POLICY LIMIT \$                       |  |
|   |  | <b>OTHER</b>   |  |   |  |  |  |
| <b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS</b><br>Certificate holder is named additional insured.<br><br>Caroline Karolinko is a member in good standing with US Synchrnonized Swimming and as a member she is covered under the liability policy for all supervised and sanctioned activities as it relates to synchronized swimming.  |  |  |  |   |  |  |  |
| <b>CERTIFICATE HOLDER</b>   |  |  |  | <b>CANCELLATION</b>   |  |  |  |
| PALM BE<br><br>Palm Beach County Board of County Commissioners<br>2700 6th Ave South<br>Lake Worth FL 33461   |  |  |  | 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<br>   |  |  |  |

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.