

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2010	2011	2012	2013	2014
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>65,123</u>	_____	_____	_____	_____
External Revenue	<u>(65,123)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (External)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>0</u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included In Current Budget: Yes X No _____
 Budget Account No. : Fund 1002 Dept. 147 Unit 1451 Object 3401
 Program Code: HD29

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

Amendment No. 1 - R2009-1955 - Florence Fuller
 Amendment No. 1 - R2009-1956 - Hispanic Human Resources
 Amendment No. 1 - R2009-1958 - YWCA

No new County funding.

C. Departmental Fiscal Review: Taruna Malhotra
8/9/10

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

[Signature]
 OFMB
 SW
 8/10/10
 8/10/10

[Signature]
 Contract Development & Control
 These Amendments comply with our review requirements.

B. Legal Sufficiency:

[Signature]
 Assistant County Attorney
 8/11/10

C. Other Department Review:

 Department Director

198 pages

Copies of 2nd
COLA For FY2010
-2010
6y09

Department of Health and Human Services
Administration for Children and Families
Financial Assistance Award (FAA)

SAI NUMBER:

PMS DOCUMENT NUMBER:
04CH304644

1. AWARDING OFFICE: OA/OCM/Region IV		2. ASSISTANCE TYPE: Discretionary Grant		3. AWARD NO.: 04CH3046/44		4. AMEND. NO.: 2		
5. TYPE OF AWARD: SERVICE			6. TYPE OF ACTION: Supplement			7. AWARD AUTHORITY: 42 USC 9801 ET SEQ.		
8. BUDGET PERIOD: 10/01/2009 THRU 09/30/2010			9. PROJECT PERIOD: INDEFINITE			10. CAT NO.: 93609 ...		
11. RECIPIENT ORGANIZATION: PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS DIV. OF HS & CHILDREN SERVICES 3323 Belvedere Road WEST PALM BEACH FL 33406 Burt Aaronson, Board Chairperson						12. PROJECT / PROGRAM TITLE: Head Start/Early Head Start		
13. COUNTY: PALM BEACH		14. CONGR. DIST: 12		15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR: Carmen A Nicholas, Head Start Director				
16. APPROVED BUDGET:				17. AWARD COMPUTATION:				
Personnel..... \$ 6,351,885				A. NON-FEDERAL SHARE..... \$ 3,711,708 20.00 %				
Fringe Benefits..... \$ 2,670,085				B. FEDERAL SHARE..... \$ 14,846,829 80.00 %				
Travel..... \$ 41,385				18. FEDERAL SHARE COMPUTATION:				
Equipment..... \$ 0				A. TOTAL FEDERAL SHARE..... \$ 14,846,829				
Supplies..... \$ 62,541				B. UNOBLIGATED BALANCE FEDERAL SHARE..... \$				
Contractual..... \$ 4,520,078				C. FED. SHARE AWARDED THIS BUDGET PERIOD.. \$ 14,846,829				
Facilities/Construction... \$ 0				19. AMOUNT AWARDED THIS ACTION:		\$ 65,123		
Other..... \$ 1,200,855				20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:		\$		
Direct Costs..... \$ 14,846,829				21. AUTHORIZED TREATMENT OF PROGRAM INCOME: ADDITIONAL COSTS				
Indirect Costs..... \$ 0				22. APPLICANT EIN:		23. PAYEE EIN:		24. OBJECT CLASS:
At % of \$				1-596000785-A1		1-596000785-A1		41.51
In Kind Contributions... \$ 0								
Total Approved Budget(**).. \$ 14,846,829								

25. FINANCIAL INFORMATION:

DUNS: 078470461

ORGN	DOCUMENT NO.	APPROPRIATION	CAN NO.	NEW AMT.	UNOBLIG.	NONFED %
OGM	04CH304644	75-0-1536	2010 G044122	\$57,397		
OGM	04CH304644	75-0-1536	2010 G044125	\$7,726		

26. REMARKS: (Continued on separate sheets)

Client Population: 2051.
Number of Delegates: 4.
Paid by DHHS Payment Management System (PMS), see attached for payment information.
This award is subject to the requirements of section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104).
For the full text of the award term, go to http://www.acf.hhs.gov/grants/award_term.html.
This grant is subject to the requirements as set forth in 45 CFR Part 87.
(**) Reflects only federal share of approved budget.

27. SIGNATURE - ACF GRANTS OFFICER <i>James Colvin</i> James Colvin		DATE: 6/17/10	28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY <i>Jeffrey L. Fredericks</i>		DATE: 6-14-10
29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S) <i>Marsha W. Lawrence</i> Marsha W. Lawrence, Regional Program Manager			DATE: 6-16-10		

DGCM-3-785 (Rev. B6)

(CH)

AMENDMENT 002 TO HEAD START DELEGATE AGENCY AGREEMENT

THIS AMENDMENT 002 TO THE HEAD START DELEGATE AGENCY AGREEMENT dated November 17, 2009 (Document No. R2009-1481), made and entered into on this day of _____, by and between Palm Beach County, a Political Subdivision of the State of Florida herein referred to as the COUNTY, and Florence Fuller Child Development Centers, Inc., a corporation authorized to do business in the State of Florida, herein referred to as the DELEGATE AGENCY.

WITNESSETH:

WHEREAS, the need exists to amend the AGREEMENT to increase the Agreement amount by \$4,786 ARRA/COLA for the period July 1, 2010 through September 30, 2010; to reflect the Fiscal Year 2010 Department of Health and Human Services American Recovery and Reinvestment Act (ARRA), Cost of Living Adjustment (COLA) grant.

NOW, THEREFORE, the above named parties hereby mutually agree that the AGREEMENT is hereby amended as follows:

- I. So much as Article 3 reads One Million Ten Thousand, Nine Hundred Thirty-three Dollars (\$1,010,933) is amended to read One Million Fifteen Thousand, Seven Hundred Nineteen Dollars (\$1,015,719) in accordance with the budget set forth herein as Exhibit "B"1 hereof.
- II. The existing Exhibit "B1" Schedule of Payment and Budget Data is deleted in its entirety and Exhibit "B2" attached hereto is substituted in its stead.
- III. Without changing the contract price, each invoice for payment shall be subject to the Inspector General Contract fee of .25% where applicable, to defray costs of the office of the Inspector General in accordance with ordinance 2009-049, as may be amended.

Palm Beach County has established the Office of the Inspector General in Ordinance 2009-049, as may be amended, which is authorized and empowered to review past, present and proposed County contracts, transactions, accounts and records. The Inspector General has the power to subpoena witnesses, administer oaths and require the production of records, and audit, investigate, monitor, and inspect the activities of the CONSULTANT, its officers, agents, employees, and lobbyists in order to ensure compliance with contract requirements and detect corruption and fraud.

OTHER PROVISIONS

All provisions in the Agreement or Exhibits to the AGREEMENT in conflict with this Amendment and Exhibits thereto are hereby changed to conform to this Amendment.

All provisions not in conflict with the Amendment are still in effect and are to be performed at the same level as specified in the AGREEMENT.

IN WITNESS WHEREOF, the parties hereto have caused this 1 page Amendment to be executed by their officials thereupon duly authorized.

ATTEST:
Sharon R. Bock, Clerk & Comptroller

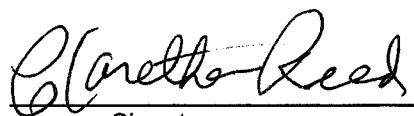
PALM BEACH COUNTY, FLORIDA
BY ITS BOARD OF COUNTY COMMISSIONERS

By: _____
Deputy Clerk

By: _____
Chair

WITNESS:

DELEGATE AGENCY: FLORENCE FULLER
CHILD DEVELOPMENT CENTERS, INC.


Signature

By: 
Signature

Clarettha Reed
Name (type or print)

Douglas Paton
Name (type or print)

Chief Executive Officer
Title

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS
AND CONDITIONS

By: _____
County Attorney

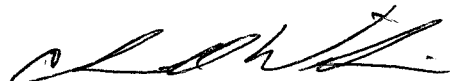
By: 
County Department Head

EXHIBIT "B2"

**SCHEDULE FOR PAYMENT AND BUDGET DATA FOR REIMBURSABLE EXPENSES ONLY FOR
DELEGATE AGENCY AGREEMENT WITH: FLORENCE FULLER CHILD DEVELOPMENT CENTERS, INC.**

BILLING & BUDGET DATA

Payment will only be made for budgeted categories up to the maximum amount set forth below:
The budget has been established based on an annual rate per child of \$6,293.53 and a minimum of 249 days of service.

2010				
<u>COST CATEGORY</u>	<u>AUTHORIZED AMOUNT</u>	<u>ARRA COLA</u>	<u>ARRA QI</u>	<u>TOTAL</u>
1. Personnel	\$689,902	\$19,429		\$709,331
2. Fringe Benefits				
Social Security (FICA), State Disability, Unemployment (FUTA), Worker's Compensation, State Unemployment Insurance (SUI)	\$ 68,362	\$ 1,891		\$ 70,253
3. Health/Dental/Life Insurance	\$ 86,295			\$ 86,295
4. Contractual				
Health/Disabilities Services	\$ 19,627			\$ 19,627
Mental Health Consultant Increase		\$ 2,608		\$ 2,608
5. Others:				
Utilities, Telephone	\$ 40,430			\$40,430
Building & Child Liability Insurance	\$ 41,748			\$41,748
Building Maintenance/Repair and Other Occupancy	\$ 32,307			\$32,307
Teacher Training			\$5,000	\$ 5,000
Classroom Repairs			\$5,000	\$ 5,000
6. Galileo Online Assessment	<u>\$ 3,120</u>			<u>\$ 3,120</u>
TOTAL AMOUNT	<u>\$981,791</u>	<u>\$23,928</u>	<u>\$10,000</u>	<u>\$1,015,719</u>
		MAXIMUM TOTAL		\$1,015,719

**MAXIMUM AMOUNT REIMBURSABLE EXPENSES
AUTHORIZED UNDER THIS AGREEMENT** **\$1,015,719**

All reimbursements are subject to availability to the County of funds from the various sources funding this Agreement:

U.S. Department of Health and Human Services (Federal)	\$663,976
Palm Beach County (Non-Federal Match)	\$165,994
Palm Beach County (Non-Federal Overmatch)	<u>\$185,749</u>
TOTAL	\$1,015,719

The Grant Application Instrument (GABI) attached hereto and made a part hereof, was used to develop the above cost categories and authorized amounts. The Administration for Children and Families developed the standardized Head Start Grant Application and Budget Instrument for agencies to use in their application process for financial assistance. This also applies to any continuation applications.

The Delegate Agency shall maintain records in auditable form that permit allocation of the expenses to the various funding sources. Funds received under this Agreement cannot be utilized for payment of mortgages or mortgage expenses.

Reimbursable expenses shall be reimbursed only at cost.

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

Nothing below this line

EXHIBIT "B2"
SCHEDULE FOR PAYMENT (Continued)

1. In accordance with the Head Start Performance Standards Enrollment Guidelines (1305.7):

The DELEGATE AGENCY must maintain its funded enrollment level. When the DELEGATE AGENCY determines that a vacancy exists, no more that 30 calendar days may elapse before the vacancy is filled.

2. The DELEGATE AGENCY must submit each month:
A. Monthly Actual Enrollment numbers;
B. Monthly Attendance reports to the Family & Community Partnership Unit Supervisor.
3. Sign-in/out sheets must be submitted for the months of December, March, June and September with the request for all children that reimbursement is being requested for. A signature as well as a legible time must be entered on the sign-in/out sheets as these will be used as a source document. The sign-in/out sheets for the remainder of the months will be available for the COUNTY to review upon their site visits.
4. In accordance with the Head Start Performance Standards Attendance Guidelines (1305.8):

When the monthly average daily attendance rate in a center-based program falls below 85 percent, the DELEGATE AGENCY must analyze the causes of absenteeism. The analysis must include a study of the pattern of absences for each child, including the reasons for absences as well as the number of absences that occur on Consecutive days.

If the absences are a result of illness or if they are well documented absences for other reasons, no special action is required. If however, the absences result from other factors, including temporary family problems that affect a child's regular attendance, the DELEGATE AGENCY must initiate appropriate family support procedures for all children with four or more consecutive unexcused absences. These procedures must include home visits or other direct contact with the child's parents. Contacts with the family must emphasize the benefits of regular attendance, while at the same time remaining sensitive to any special family circumstances influencing attendance patterns. All contacts with the child's family as well as special family support service activities provided by DELEGATE AGENCY staff must be documented.

In circumstances where chronic absenteeism persists and it does not seem feasible to include the child in the same or different program option, the child's slot must be considered an enrollment vacancy.

In the event the monthly average daily attendance rate does not meet 85%, the DELEGATE AGENCY must submit an analysis report to the COUNTY that identifies the causes for the absences.

Head Start/Early Head Start enrollment wait list should be maintained at all times. The DELEGATE AGENCY will maintain an active and current wait list in the ChildPlus.net data engine. However, the DELEGATE AGENCY should maintain a hard copy of the monthly reports as a back-up measure.

Nothing below this line



CERTIFICATE OF LIABILITY INSURANCE

OPID BF
FLORE-3

DATE (MM/DD/YYYY)

04/13/10

PRODUCER The Plastridge Agency-BRO 2100 N. Dixie Hwy. Boca Raton FL 33431 Phone: 561-395-1435 Fax: 561-395-4755		INSURERS AFFORDING COVERAGE INSURER A: Zenith Insurance Co. INSURER B: Stonington Ins. Co. INSURER C: Federal Insurance Company INSURER D: INSURER E:		NAIC # 01295
INSURED Florence Fuller Child 200 N.E. 14th Street Boca Raton FL 33432		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.		

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/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
B	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Teachers Liab <input checked="" type="checkbox"/> Corporal Punishme GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CCP3000014906	10/27/09	10/27/10	EACH OCCURRENCE	\$ 1000000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
						MED EXP (Any one person)	\$ 5000
						PERSONAL & ADV INJURY	\$ 1000000
						GENERAL AGGREGATE	\$ 3000000
						PRODUCTS - COMP/OP AGG	\$ 3000000
B		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CCA3000014906	10/27/09	10/27/10	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
						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 <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below	Z069771603	04/11/10	04/11/11	WC STATUTORY LIMITS	
						OTHER	
						E.L. EACH ACCIDENT	\$ 100000
						E.L. DISEASE - EA EMPLOYEE	\$ 100000
						E.L. DISEASE - POLICY LIMIT	\$ 500000
C	D&O		80955262	12/24/09	12/24/10		1000000

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

Covered Locations: 200 NE 14th St & 10130 S 185 St, Boca Raton, FL. For Head Start Program. Palm Beach Board of County Commissioners, a political subdivision of the State of FL, it's officers, employees & agents are Additional Insured with respect to GL.

*10-day cancellation notice for nonpayment of premium.

CERTIFICATE HOLDER

CANCELLATION

PALMB53

Palm Beach County Board of
 County Commissioners
 Community Services Dept - Head Start
 3323 Belvedere Rd., #502
 West Palm Beach FL 33406

4

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

ACORD 25 (2009/01)

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AMENDMENT 002 TO HEAD START DELEGATE AGENCY AGREEMENT

THIS AMENDMENT 002 TO THE HEAD START DELEGATE AGENCY AGREEMENT dated November 17, 2009 (Document No. R2009-1483), made and entered into on this day of _____, by and between Palm Beach County, a Political Subdivision of the State of Florida herein referred to as the COUNTY, and Hispanic Human Resources Council, Inc., a corporation authorized to do business in the State of Florida, herein referred to as the DELEGATE AGENCY.

WITNESSETH:

WHEREAS, the need exists to amend the AGREEMENT to increase the Agreement amount by \$8,008 ARRA/COLA for the period July 1, 2010 through September 30, 2010 to reflect the Fiscal Year 2010 Department of Health and Human Services American Recovery and Reinvestment Act (ARRA), Cost of Living Adjustment(COLA) grant.

NOW, THEREFORE, the above named parties hereby mutually agree that the AGREEMENT is hereby amended as follows:

- I. So much as Article 3 reads One Million Six Hundred Eighty-four Thousand, Seven Hundred Thirty-eight Dollars (\$1,684,738) is amended to read One Million, Six Hundred Ninety-two Thousand, Seven Hundred Forty-six Dollars (\$1,692,746) in accordance with the budget set forth herein as Exhibit "B"1 hereof.
- II. The existing Exhibit "B1" Schedule of Payment and Budget Data is deleted in its entirety and Exhibit "B2" attached hereto is substituted in its stead.
- III. Without changing the contract price, each invoice for payment shall be subject to the Inspector General Contract fee of .25% where applicable, to defray costs of the office of the Inspector General in accordance with ordinance 2009-049, as may be amended.

Palm Beach County has established the Office of the Inspector General in Ordinance 2009-049, as may be amended, which is authorized and empowered to review past, present and proposed County contracts, transactions, accounts and records. The Inspector General has the power to subpoena witnesses, administer oaths and require the production of records, and audit, investigate, monitor, and inspect the activities of the CONSULTANT, its officers, agents, employees, and lobbyists in order to ensure compliance with contract requirements and detect corruption and fraud.

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All provisions in the Agreement or Exhibits to the AGREEMENT in conflict with this Amendment and Exhibits thereto are hereby changed to conform to this Amendment.

All provisions not in conflict with the Amendment are still in effect and are to be performed at the same level as specified in the AGREEMENT.

IN WITNESS WHEREOF, the parties hereto have caused this 1 page Amendment to be executed by their officials thereupon duly authorized.

ATTEST:
Sharon R. Bock, Clerk & Comptroller

PALM BEACH COUNTY, FLORIDA
BY ITS BOARD OF COUNTY COMMISSIONERS

By: _____
Deputy Clerk

By: _____
Chair

WITNESS:

DELEGATE AGENCY: HISPANIC HUMAN RESOURCES COUNCIL, INC.

Claretha Reed
Signature
Claretha Reed
Name (type or print)

By: Jorge Avellana
Signature
Jorge Avellana
Name (type or print)
Executive Director
Title

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND CONDITIONS

By: _____
County Attorney

By: [Signature]
Department Head

EXHIBIT "B2"
SCHEDULE FOR PAYMENT (Continued)

1. In accordance with the Head Start Performance Standards Enrollment Guidelines (1305.7):

The DELEGATE AGENCY must maintain its funded enrollment level. When the DELEGATE AGENCY determines that a vacancy exists, no more that 30 calendar days may elapse before the vacancy is filled.

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 - A. Monthly Actual Enrollment numbers;
 - B. Monthly Attendance reports to the Family & Community Partnership Unit Supervisor.
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Head Start/Early Head Start enrollment wait list should be maintained at all times. The DELEGATE AGENCY will maintain an active and current wait list in the ChildPlus.net data engine. However, the DELEGATE AGENCY should maintain a hard copy of the monthly reports as a back-up measure.

Nothing below this line



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/21/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER INSURANCE FOR YOU, INC. 3927 JOG ROAD GREENACRES, FL 33467 With us, it's ALL about You!	CONTACT NAME: SILVIA C GARCIA PHONE (A/C, No., Ext): 561-793-8188 FAX (A/C, No.): 561-966-8807 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: HISPANIC
	INSURER(S) AFFORDING COVERAGE
INSURED Hispanic Human Resources Council, Inc. 1427 S. Congress Ave. West Palm Beach, FL 33406	INSURER A: Scottsdale Ins. Co.
	INSURER B: Progressive
	INSURER C: Everest National
	INSURER D: Tudor Ins. Co.
	INSURER E:
	INSURER F:

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
------------------	----------------------------	-------------------------

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	CPS1050666	9/17/2009	9/17/2010	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
B	AUTOMOBILE LIABILITY <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		08406083-5	1/06/2010	1/06/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	2700011936081	6/05/2010	6/05/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 100,000
A D	Building Professional Liability		CPS1050666 DOL0080703	9/17/2009 9/23/2009	9/17/2010 9/23/2010	\$794,176 \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder is listed as Additional Insured - D. Professional Liability- Claims Made 9/23/01
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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 AGENT OR REPRESENTATIVES.

CERTIFICATE HOLDER PALM BEACH COUNTY BOARD OF COMMISSIONERS HEAD START & EARLY HEAD START 3233 BELVEDERE ROAD WEST PALM BEACH, FL 33406 4	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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AMENDMENT 002 TO HEAD START DELEGATE AGENCY AGREEMENT

THIS AMENDMENT 002 TO THE HEAD START DELEGATE AGENCY AGREEMENT dated November 17, 2009 (Document No. R2009-1482), made and entered into on this day of _____; by and between Palm Beach County, a Political Subdivision of the State of Florida herein referred to as the COUNTY, and YWCA of Palm Beach County, Inc., a corporation authorized to do business in the State of Florida, herein referred to as the DELEGATE AGENCY.

WITNESSETH:

WHEREAS, the need exists to amend the AGREEMENT to increase the Agreement amount by \$2,577 ARRA/COLA for the period July 1, 2010 through September 30, 2010; to reflect the Fiscal Year 2010 Department of Health and Human Services American Recovery and Reinvestment Act (ARRA), Cost of Living Adjustment(COLA) grant.

NOW, THEREFORE, the above named parties hereby mutually agree that the AGREEMENT is hereby amended as follows:

- I. So much as Article 3 reads Five Hundred Forty-eight Thousand, Nine Hundred Sixty-four Dollars (\$548,964) is amended to read Five Hundred Fifty-one Thousand, Five Hundred Forty-one Dollars (\$551,541) in accordance with the budget set forth herein as Exhibit B1 hereof.
- II. The existing Exhibit "B1" Schedule of Payment and Budget Data is deleted in its entirety and Exhibit "B2" attached hereto is substituted in its stead.
- III. Without changing the contract price, each invoice for payment shall be subject to the Inspector General Contract fee of .25% where applicable, to defray costs of the office of the Inspector General in accordance with ordinance 2009-049, as may be amended.

Palm Beach County has established the Office of the Inspector General in Ordinance 2009-049, as may be amended, which is authorized and empowered to review past, present and proposed County contracts, transactions, accounts and records. The Inspector General has the power to subpoena witnesses, administer oaths and require the production of records, and audit, investigate, monitor, and inspect the activities of the CONSULTANT, its officers, agents, employees, and lobbyists in order to ensure compliance with contract requirements and detect corruption and fraud.

OTHER PROVISIONS

All provisions in the Agreement or Exhibits to the AGREEMENT in conflict with this Amendment and Exhibits thereto are hereby changed to conform to this Amendment.

All provisions not in conflict with the Amendment are still in effect and are to be performed at the same level as specified in the AGREEMENT.

IN WITNESS WHEREOF, the parties hereto have caused this 1 page Amendment to be executed by their officials thereupon duly authorized.

ATTEST:
Sharon R. Bock, Clerk & Comptroller

PALM BEACH COUNTY, FLORIDA
BY ITS BOARD OF COUNTY COMMISSIONERS

By: _____
Deputy Clerk

By: _____
Chair

WITNESS:

DELEGATE AGENCY: YWCA OF PALM BEACH COUNTY, INC.

Claretha Reed
Signature

By: Suzanne Turner
Signature

Claretha Reed
(Name (type or print))

Suzanne Turner
(Name (type or print))
Chief Executive Officer
Title

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS
AND CONDITIONS

By: _____
County Attorney

By: [Signature]
County Department Head

EXHIBIT "B2"

SCHEDULE FOR PAYMENT AND BUDGET DATA FOR REIMBURSABLE EXPENSES ONLY FOR DELEGATE AGENCY AGREEMENT WITH: YWCA OF PALM BEACH COUNTY, INC.

BILLING & BUDGET DATA

Payment will only be made for budgeted categories up to the maximum amount set forth below:
The budget has been established based on an annual rate per child of \$6,293.53 and a minimum of 249 days of service.

2010

<u>COST CATEGORY</u>	<u>AUTHORIZED AMOUNT</u>	<u>ARRA COLA</u>	<u>ARRA QI</u>	<u>TOTAL</u>
1. Personnel	\$354,277	\$8,327		\$362,604
2. Fringe Benefits				
Social Security (FICA), State Disability, Unemployment (FUTA), Worker's Compensation, State Unemployment Insurance (SUI)	35,239	\$1,292		\$ 36,531
3. Health/Dental/Life Insurance	\$22,944			\$22,944
4. Retirement	\$15,842	\$ 72		\$15,914
5. Other Fringe				
Employee Assistance Program (EAP)	\$ 341			\$ 341
6. Travel				
Staff Out-of-town Travel	\$ 3,994			\$ 3,994
7. Equipment				
Classroom/Outdoor/Home-based/FCC	\$ 3,732			\$ 3,732
8. Supplies				
Child and Family Services Supplies	\$ 5,465			\$ 5,465
9. Contractual				
Administrative Services (e.g. legal, Accounting)	\$ 5,966			\$ 5,966
Health/ Disabilities Services	\$ 2,640			\$ 2,640
10. Other Contracts:				
Administrative Costs for Payroll Services	\$10,067	\$ 43		\$10,110
Music Consultant	\$ 4,056			\$ 4,056
11. Others:				
Rent	\$30,314			\$30,314
Utilities/Telephone	\$23,692	\$3,150		\$26,842
Building and Child Liability Insurance	\$ 6,250			\$ 6,250
Local Travel	\$ 1,760			\$ 1,760
Parent Services	\$ 880			\$ 880
Publication/Advertising/Printing	\$ 440			\$ 440
Training or Staff Development	\$ 758		\$5,000	\$ 5,758
Playground			\$5,000	\$ 5,000
TOTAL AMOUNT	<u>\$528,657</u>	<u>\$12,884</u>	<u>\$10,000</u>	<u>\$551,541</u>

MAXIMUM TOTAL \$551,541

MAXIMUM AMOUNT REIMBURSABLE EXPENSES AUTHORIZED UNDER THIS AGREEMENT

\$551,541

All reimbursements are subject to availability to the County of funds from the various sources funding this Agreement:

U.S. Department of Health and Human Services (Federal)	\$360,542
Palm Beach County (Non-Federal Match)	\$ 90,136
Palm Beach County (Non-Federal Overmatch)	<u>\$100,863</u>
TOTAL	\$551,541

The Grant Application Instrument (GABI) attached hereto and made a part hereof, was used to develop the above cost categories and authorized amounts. The Administration for Children and Families developed the standardized Head Start Grant Application and Budget Instrument for agencies to use in their application process for financial assistance. This also applies to any continuation applications.

The Delegate Agency shall maintain records in auditable form that permit allocation of the expenses to the various funding sources. Funds received under this Agreement cannot be utilized for payment of mortgages or mortgage expenses.

Reimbursable expenses shall be reimbursed only at cost.

EXHIBIT "B2"
SCHEDULE FOR PAYMENT (Continued)

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

1. In accordance with the Head Start Performance Standards Enrollment Guidelines (1305.7):

The DELEGATE AGENCY must maintain its funded enrollment level. When the DELEGATE AGENCY determines that a vacancy exists, no more that 30 calendar days may elapse before the vacancy is filled.

2. The DELEGATE AGENCY must submit each month:
 - A. Monthly Actual Enrollment numbers;
 - B. Monthly Attendance reports to the Family & Community Partnership Unit Supervisor.
3. Sign-in/out sheets must be submitted for the months of December, March, June and September with the request for all children that reimbursement is being requested for. A signature as well as a legible time must be entered on the sign-in/out sheets as these will be used as a source document. The sign-in/out sheets for the remainder of the months will be available for the COUNTY to review upon their site visits.

4. In accordance with the Head Start Performance Standards Attendance Guidelines (1305.8):

When the monthly average daily attendance rate in a center-based program falls below 85 percent, the DELEGATE AGENCY must analyze the causes of absenteeism. The analysis must include a study of the pattern of absences for each child, including the reasons for absences as well as the number of absences that occur on Consecutive days.

If the absences are a result of illness or if they are well documented absences for other reasons, no special action is required. If however, the absences result from other factors, including temporary family problems that affect a child's regular attendance, the DELEGATE AGENCY must initiate appropriate family support procedures for all children with four or more consecutive unexcused absences. These procedures must include home visits or other direct contact with the child's parents. Contacts with the family must emphasize the benefits of regular attendance, while at the same time remaining sensitive to any special family circumstances influencing attendance patterns. All contacts with the child's family as well as special family support service activities provided by DELEGATE AGENCY staff must be documented.

In circumstances where chronic absenteeism persists and it does not seem feasible to include the child in the same or different program option, the child's slot must be considered an enrollment vacancy.

In the event the monthly average daily attendance rate does not meet 85%, the DELEGATE AGENCY must submit an analysis report to the COUNTY that identifies the causes for the absences.

Head Start/Early Head Start enrollment wait list should be maintained at all times. The DELEGATE AGENCY will maintain an active and current wait list in the ChildPlus.net data engine. However, the DELEGATE AGENCY should maintain a hard copy of the monthly reports as a back-up measure.

Nothing below this line



CERTIFICATE OF LIABILITY INSURANCE

OP ID AH

DATE (MM/DD/YYYY)

07/23/10

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER The Plastridge Agency, Inc. 820 N.E. 6th Avenue Delray Beach FL 33483 Phone: 561-276-5221 Fax: 561-276-5244	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED YWCA of Palm Beach County Young Women's Christian Assoc 2200 N. Florida Mango Road #102 West Palm Beach FL 33409	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID#: YWCAP-1	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A: Philadelphia Indemnity Ins Co	18058
	INSURER B:	
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			DHPK522710	02/03/10	02/03/11	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Prof. Liab. Endt. (1mil/3mil Aggr)		X				PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 3,000,000
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 1,000,000
							\$
A	AUTOMOBILE LIABILITY			PHPK522710	02/03/10	02/03/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						\$
<input type="checkbox"/> NON-OWNED AUTOS			\$				
A	UMBRELLA LIAB			PHUB296835	02/03/10	02/03/11	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 3,000,000
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
A	D&O Liability			PHSD520482	05/20/10	05/20/11	E.L. DISEASE - POLICY LIMIT \$
							Occ/Aggre 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
West Palm Beach & Royal Palm Beach YWCA Child Development Centers. Palm Beach County Brd. of Cty. Commissioners is listed as additional insured

CERTIFICATE HOLDER

CANCELLATION

PALMB72

Palm Beach County Board of
County Commissioners
Carmen A. Nicholas/Head Start
3323 Belvedere Rd. Bldg 502
W. Palm Beach FL 33406

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/01/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER Doug Jones c/o AJG Risk Management Services, Inc. 8800 E. Chaparral Rd, Suite 230 Scottsdale, AZ 85250	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ PRODUCER CUSTOMER ID #: _____	
	INSURER(S) AFFORDING COVERAGE	
INSURED Oasis Acquisition, Inc. Alt. Emp: YWCA OF PALM BEACH COUNTY 2054 Vista Parkway Suite 300 West Palm Beach, FL 33411	INSURER A : Zurich-American Insurance Company	NAIC # 16535
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 10FL075731396

REVISION NUMBER:

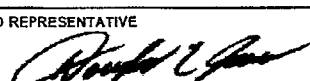
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	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) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC 29-38-687-08	06/01/2010	06/01/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Location Coverage Period:			06/01/2010	06/01/2011	Client#: 1888-1	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Coverage is provided for only those employees leased to but not subcontractors of:
YWCA OF PALM BEACH COUNTY
 2200 N FLORIDA MANGO RD, SUITE 102
 WEST PALM BEACH, FL 33409

CERTIFICATE HOLDER**CANCELLATION**

Palm Beach County Board of County Commissioners attn: Dr. Carmen A. Nicholas 3323 Belvedere Rd., Bldg. 501 West Palm Beach, FL 33406 5	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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