

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY**

Meeting Date: November 16, 2010      ☒ Consent      ☐ Regular  
☐ Ordinance      ☐ Public Hearing

Department: \_\_\_\_\_  
Submitted By: PALM BEACH COUNTY CRIMINAL JUSTICE COMMISSION  
Submitted For: PALM BEACH COUNTY CRIMINAL JUSTICE COMMISSION

## I. EXECUTIVE BRIEF

**MOTION AND TITLE:** Staff recommends motion to approve: (A) An Amendment to the Contract (R2010-0104) with the Young Women's Christian Association (YWCA) of Palm Beach County, FL to extend the expiration date from September 30<sup>th</sup>, 2010 ~~to~~ through December 31<sup>st</sup>, 2010 to support Y-Girls.

**SUMMARY:** The Criminal Justice Commission (CJC) recommended the use of \$20,000 from the Federal FY09 Recovery Act Edward Byrne Memorial Justice Assistance grant for the continuation of Y-Girls, a delinquency prevention program for females. The YWCA is a not for profit organization dedicated to empowering girls to pursue and take charge of their lives, becoming productive citizens; thus not entering the juvenile justice system. Space issues impacted the ability of Y-Girls to operate over the summer thus requiring additional time to complete contract requirements. *Countywide (6B)*

**BACKGROUND AND POLICY ISSUES:** On January 12, 2010 the Criminal Justice Commission (CJC) entered into a Contract with the YWCA to provide professional/consultation services in the area of delinquency prevention through Y-Girls. The YWCA agreed to provide: three Y-Girl programs with a minimum of 45, 9-13 year old girls. The total amount to be paid by the COUNTY under this Contract for all services and materials including, if applicable, "out of pocket" expenses shall not exceed a total amount of twenty thousand dollars (\$20,000.00).

**Attachments:**

1. Amended Contract with the Young Women's Christian Association of Palm Beach County, FL  
(3)

RECOMMENDED BY:

DEPARTMENT DIRECTOR

DATE \_\_\_\_\_

**APPROVED BY:**

**ASSISTANT COUNTY ADMINISTRATOR**

DATE \_\_\_\_\_

## II. FISCAL IMPACT ANALYSIS

### A. Five Year Summary of Fiscal Impact:

Fiscal Year	2011	2012	2013	2014	2015
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	0	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	0	_____	_____	_____	_____
<b>POSITIONS (Cumulative)</b>	0	_____	_____	_____	_____

Is Item in Current Budget? Yes \_\_\_\_\_ ~~\*~~ No X

Budget Account No: Fund \_\_\_\_\_ Agency \_\_\_\_\_ Org \_\_\_\_\_ Object \_\_\_\_\_

### B. ~~\*~~ Recommended Sources Of Funds/Summary of Fiscal Impact:

~~\*~~ Unexpended grant funds of approximately \$7,000 will be administratively carried forward to FY 2011.

C. Departmental Fiscal Review: mg 10/19/10

## III. REVIEW COMMENTS

### A. OFMB Fiscal And/Or Contract Development and Control Comments:

OFMB [Signature]

JB  
10/25/10

10/22/10  
10/22/10  
10/22/10

[Signature]  
Contract Development & Control  
10/28/10

This amendment complies with  
our review requirements.

### B. Legal Sufficiency:

[Signature]

11/5/10

Assistant County Attorney

**FIRST AMENDMENT TO  
CONTRACT FOR CONSULTING/PROFESSIONAL SERVICES  
TO CONTRACT R2010-0104**

This First Amendment is made October 1, 2010 to the Agreement of January 12, 2010 by and between PALM BEACH COUNTY, a Political Subdivision of the State of Florida, by and through its Board of Commissioners, (herein referred to as the COUNTY), and the Young Women's Christian Association (YWCA) of Palm Beach County, FL, a not-for-profit corporation authorized to do business in the State of Florida, hereinafter referred to as the SERVICE PROVIDER, whose Federal I.D. is 59-0751935.

In consideration of the mutual promises contained herein, the COUNTY and the SERVICE PROVIDER agree to amend the Contract as follows:

**WITNESSETH**

WHEREAS, the COUNTY agrees to continue in partnership with the SERVICE PROVIDER in providing services for the continuation of Y-Girls, a delinquency prevention program for females; and

WHEREAS, the parties mutually desire to extend the agreement for an additional three months from September 30, 2010 to December 31, 2010; and

WHEREAS, the COUNTY agrees to reimburse the SERVICE PROVIDER with funds received from the Federal Recovery Act Edward Byrne Memorial Justice Assistance Funds and funding shall not exceed the original \$20,000 as provided in the original Agreement.

NOW, THEREFORE, in consideration of the mutual covenants expressed here, the COUNTY and SERVICE PROVIDER agree as follows:

The term of the Agreement is amended to provide that the Agreement shall continue until December 31, 2010.

**OFFICE OF THE INSPECTOR GENERAL**

Pursuant to Ordinance No. 2009-049, Palm Beach County has established the Office of the Inspector General, which is authorized and empowered to review past, present and proposed County contracts, transactions, accounts and records. All contractors and parties doing business with the County and receiving County funds shall fully cooperate with the Inspector General. The Inspector General has the power to subpoena witnesses, administer oaths, require the production of records, and to audit, investigate, monitor, and inspect the activities of the contractor, its officers, agents, employees, and lobbyists in order to ensure compliance with contract specifications and to detect waste, corruption and fraud.

All other provisions of said Agreement are hereby confirmed, and except as provided herein are not otherwise altered or amended and remain in full force and effect. All the terms and conditions of the Agreement of January 12, 2010, as amended, are hereby confirmed and remain in full force and effect.

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

**ATTEST:**  
Sharon R. Bock, Clerk & Comptroller

**PALM BEACH COUNTY**  
**BOARD OF COUNTY COMMISSIONERS:**

By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
Chair

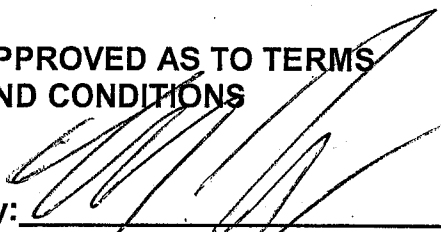
Young Women's Christian Association  
of Palm Beach County, FL,

By:   
Eileen Daly, President

**APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY**

By: \_\_\_\_\_  
County Attorney

**APPROVED AS TO TERMS  
AND CONDITIONS**

By:   
Michael L. Rodriguez  
Executive Director



## CERTIFICATE OF LIABILITY INSURANCE

OP ID AH

DATE (MM/DD/YYYY)

07/21/10

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	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: YWCAP-1	FAX (A/C, No):
The Plastridge Agency, Inc. 820 N.E. 6th Avenue Delray Beach FL 33483 Phone: 561-276-5221 Fax: 561-276-5244		
INSURED	INSURER(S) AFFORDING COVERAGE	
YWCA of Palm Beach County Young Women's Christian Assoc 2200 N. Florida Mango Road #102 West Palm Beach FL 33409	INSURER A: Philadelphia Indemnity Ins Co	NAIC # 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	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Prof. Liab. Endt. (1mil/3mil Aggr) GENT. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			PHPK522710	02/03/10	02/03/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	<input checked="" type="checkbox"/> 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			PHPK522710	02/03/10	02/03/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB296835	02/03/10	02/03/11	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<input checked="" type="checkbox"/> D&O Liability			PHSD520482	05/20/10	05/20/11	Occ/Aggre 1,000,000

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

1999 Dodge Van 15 pass #2B5WB35ZXXK529955

Re: YWCA Child Development Center

Palm Beach County Brd. of Cty. Commissioners is specified as Additional

Insured re: their liability/ 1999 Dodge RamWagon #2B5WB35Z3K512057

&amp; 1999 Ford Escort #3FAFP15PXR185058

## CERTIFICATE HOLDER

## CANCELLATION

BOARD OF	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Board of County Commissioners Palm Beach County Fiscal Dept 301 N. Olive Ave. West Palm Beach FL 33401	AUTHORIZED REPRESENTATIVE 

© 1988-2009 ACORD CORPORATION. All rights reserved.



# 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).

<b>PRODUCER</b> Doug Jones c/o AJG Risk Management Services, Inc. 8800 E. Chaparral Rd, Suite 230 Scottsdale, AZ 85250	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #:</b>														
<b>INSURED</b> Oasis Acquisition, Inc. Alt. Emp: YWCA OF PALM BEACH COUNTY 2054 Vista Parkway Suite 300 West Palm Beach, FL 33411	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Zurich-American Insurance Company</td><td>16535</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Zurich-American Insurance Company	16535	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Zurich-American Insurance Company	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
	<b>GENERAL LIABILITY</b> <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 \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DEDUCTIBLE \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	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
				<b>Location Coverage Period:</b>	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

Board of County Commissioners Palm Beach County  
301 N. Olive Avenue  
West Palm Beach, FL 33401

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

© 1988-2009 ACORD CORPORATION. All rights reserved.