

FISCAL IMPACT ANALYSIS

A. Five year Summary of Fiscal Impact:

Fiscal Years	2011	2012	2013	2014	2015
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
*NET FISCAL IMPACT	_____	_____	_____	_____	_____
#ADDITIONAL FTE POSITIONS (cumulative)	_____	_____	_____	_____	_____

Is Item included in Current Budget? Yes X No _____

Budget Account No: Fund 1250 Agency 400 Org. 4251 Object 8201
Reporting Category _____

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

The funds for this grant are derived from fines collected from parking violations in designated disabled parking spaces. County Ordinance 92-29 provides that revenue from these fines shall be used to improve accessibility and equal opportunity to qualified physically disabled persons in the County and to provide funds to conduct public awareness programs concerning physically disabled persons.

C. Departmental Fiscal Review: _____

111. REVIEW COMMENTS

* There is no fiscal impact. Grant of \$5,000 has already been approved. The payment for \$3,900 is included in the budget for 2011.

A. OFMB Fiscal and/or Contract Dev. And Control Comments:

_____ *[Signature]* 5/31/11 _____ *[Signature]* 6/2/11
OFMB *[Signature]* 5/31/11 Contract Dev. And Control *[Signature]* 6/2/11

B. Legal Sufficiency:

_____ *[Signature]* 6/3/11

Assistant County Attorney

C. Other Department Review:

Department Director

ADM Form 01

(THIS SUMMARY IN NOT TO BE USED AS A BASIS FOR PAYMENT.)

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

3A-1
M/BA 70
R-2009-1736
Thru
R-2009-1741

Meeting Date: October 20, 2009 [X] Consent [] Regular
[] Workshop [] Public Hearing
Department: Office of Equal Opportunity
Submitted By: Office of Equal Opportunity
Submitted For: Handicapped Accessibility and Awareness Program

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: grants in a total amount not to exceed \$30,000 for the Handicapped Accessibility and Awareness Program with the following non-profit agencies, in the amounts and for the services indicated for the period October 1, 2009 through September 30, 2010.

- A) Jeff Industries, Inc. funds to purchase a computer, printer and office supplies in an amount not to exceed \$3,000;
- B) Palm Beach Chapter of the National Federation of the Blind to purchase a computer, computer accessories, a wireless microphone, a projector and office supplies in an amount not to exceed \$5,000;
- C) Florida Outreach Center for the Blind, Inc. to purchase a computer, night vision goggles, instructional materials, office supplies and to cover a portion of cost for a holiday party for blind children and their families in an amount not to exceed \$5,000;
- D) Deaf Service Center of Palm Beach County to purchase speech mapping equipment, twelve (12) behind the ear programmable hearing aids and the cost of printing the agency's newsletter in an amount not to exceed \$5,000;
- E) Seagull Industries for the Disabled, Inc. to cover a portion of the costs needed to repair and refinish the floors of the vocational workshop in an amount not to exceed \$5,000; and
- F) Archer Disability Foundation to cover a portion of the expenses for closed caption television awareness episodes, postage, brochure layout, printing, office supplies, mentors event signage, certificates and career day shirts in an amount not to exceed \$5,000.

Summary: The funds for this grant are derived from funds collected from parking violations in designated parking spaces. County Ordinance 92-29 provides that revenue from these fines shall be used to improve accessibility and equal opportunity to qualified physically disabled persons in the County and to provide funds to conduct public awareness programs concerning physically disabled persons. (Countywide) (TKF)

Background and Justification: (Continued on page 3)

Attachments:

- 1. Grant Agreement
- 2. Summary of Agency, project and funding recommendation
- 3. Certificate of Liability Insurance

Recommended by: [Signature] 09-30-2009
Department Director Date

Approved by: [Signature] 10/15/09
Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five year Summary of Fiscal Impact:

Fiscal Years	2010	2011	2012	2013	2014
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>30,000</u>	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>30,000</u>	_____	_____	_____	_____
#ADDITIONAL FTE POSITIONS (cumulative)	_____	_____	_____	_____	_____

Is Item included in Current Budget? Yes X No _____

Budget Account No: Fund 1250 Agency 400 Org. 4251 Object 8201
Reporting Category _____

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

The funds for this grant are derived from fines collected from parking violations in designated disabled parking spaces. County Ordinance 92-29 provides that revenue from these fines shall be used to improve accessibility and equal opportunity to qualified physically disabled persons in the County and to provide funds to conduct public awareness programs concerning physically disabled persons.

C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS

A. OFMB Fiscal (and/or Contract Dev. And Control Comments)

[Signature] 10/15/09
OFMB Contract Dev. And Control
10/13/09 10/13/09 10/13/09
[Signature] 10/14/09
Contract Dev. And Control
10/18/09

See CDC comments
Legal Sufficiency:
[Signature] 10/14/09
Assistant County Attorney

These contracts comply with our review requirements. OED is in the process of obtaining updated insurance certificates.

C. Other Department Review:

Department Director

Background and Justification: On October 20, 1992, the Board of County Commissioners adopted Ordinance 92-29, known as the Palm Beach County Physically Disabled Parking Ordinance. Section 3A-1 of this Ordinance provides that two-thirds of the fines collected for parking in designated disabled parking spaces shall be used to provide accessibility and equal opportunity to qualified physically disabled persons in the County, and to provide funds to conduct public awareness programs concerning physically disabled persons. On November 1, 1988, the BCC adopted Resolution No. R88-1929 which created the Office of Equal Opportunity Handicapped Accessibility and Grant Review Committee. This Committee reviewed proposals submitted by non-profit organizations in conformance with the Ordinance and established program guidelines. The grant Review Committee and the Office of Equal Opportunity concur on the funding recommendations and funding amount.

(C)

R 2009 17 38 OCT 20 2009

**AGREEMENT BETWEEN PALM BEACH COUNTY
AND
Florida Outreach Center for the Blind, Inc.**

THIS AGREEMENT, entered into by and between **PALM BEACH COUNTY** a political sub division of the State of Florida, hereinafter referred to as "**COUNTY**" and Florida Outreach Center hereinafter referred to as "**AGENCY**" in consideration of the mutual promises contained herein on the 20th day of October, 2009.

RECITALS

WHEREAS, Palm Beach County enacted the Physically Disabled Parking Ordinance (Palm Beach County Code Sec.19-71-19-71) in accordance with Florida Statutes 316.1955, 316.1956, 315.1957 and 316.008(4) which specifically authorize counties to legislate in the field of providing parking spaces for certain disabled persons; and

WHEREAS, TWO-THIRDS of the sums collected as fines pursuant to said ordinance, are to be used to improve accessibility and equal opportunity to qualified physically disabled persons in the "County" and to provide funds to conduct public awareness programs in the "County" concerning physically disabled persons; and

WHEREAS, the Director of Palm Beach County's Office of Equal Opportunity is the designated compliance official charged with the responsibility of implementing and monitoring programs to improve accessibility to persons in the "County" and to conduct public awareness programs in the "County" concerning physically disabled persons; and

WHEREAS, Florida Outreach Center desires to promote accessibility /awareness in accordance with Palm Beach County Code.

NOW THEREFORE in consideration of these promises and covenants herein contained, the parties intending to be legally bound hereby agree that:

1. The foregoing recitations are true and correct.

ARTICLE I

DEFINITION AND PURPOSE

1.1 DEFINITIONS

- (1) "County" means Palm Beach County
- (2) "OEO" means Palm Beach County Office of Equal Opportunity
- (3) "Agency" means Florida Outreach Center
- (4) "RFP" means the County's request for grant applications
- (5) "Award Funds" means monies collected as fines pursuant to the Palm Beach County Code.

1.2 PURPOSE

The purpose of this Agreement is to state the terms under which the "County" will provide funds, in accordance with the Palm Beach County "Code", to Florida Outreach Center to improve accessibility and opportunity to qualified physically disabled persons in the "County."

ARTICLE II

OBLIGATIONS OF AGENCY

- 2.1 "Agency's" responsibility is to use these funds to purchase a computer, night vision goggles, instructional materials, office supplies and to cover a portion of cost for a holiday party for blind children as specified in Request for Grant Applications, attached hereto and incorporated by reference as Exhibit "1"

and "Agency's" application to Palm Beach County attached hereto and incorporated by reference as Exhibit "2". This agreement and Exhibit "1" shall control over Exhibit "2" in interpretations in a case of conflict.

- 2.2 A. Agency acknowledges that the award of funds under this Agreement prohibits Agency from submitting any additional requests for the use of additional award funds during the same fiscal year.
B. Agency agrees that funds will not be used for administrative or staff salaries, employee benefits or any indirect service costs.
- 2.3 Agency will use the funds only for the project described on the Agency's application.
- 2.4 Agency will allow the County or the County's designated representative to inspect and/or monitor records, receipts and the like for equipment and services provided through the use of award funds.
- 2.5 The Agency shall indemnify and save harmless and defend the County, its agents, servants, and employees from and against any and all claims, liability, losses, and/or cause of action which may rise from any negligent act or omission of the agency, its agents, servants, or employees in the performance of this Agreement. The Agency further agrees to indemnify, save harmless and defend the

employees from and against any claim, demand or cause of action of whatsoever kind of nature arising out of any conduct or misconduct of the Agency not included in the paragraph above and for which the County, its agents, servants or employees are alleged to be liable. The agency also agrees that funds made available pursuant to this Agreement shall not be used by the Agency for the purpose of initiating or pursuing litigation against the County.

- 2.6 Agency shall be an independent contractor and not an employee of Palm Beach County. The Agency further represents that it has, or will secure at its own expense, all necessary personnel required to perform the services under this Agreement, and that they shall be fully qualified and if required authorized, permitted and/or licensed under State and local law to perform such services. Such personnel shall not be employees of, or have any contractual relations with the County.
- 2.7 The Agency warrants and represents that all of its employees, and participants in the program it serves, are treated equally during employment and/or services without regard to race, color, religion, sex, age, marital status, sexual orientation, national origin, ancestry or disability, gender identity and expression.
- 2.8 Agency agrees to submit quarterly written reports to OEO in such form and manner as directed by OEO.

- 2.9 Agency agrees that any equipment purchased with grants funds awarded pursuant to this agreement shall remain in Palm Beach County for a minimum of five years.

ARTICLE III

AVAILABILITY OF FUNDS

- 3.1 The County grants" to the Agency, an amount not to exceed \$5,000. Payment will be made only on a reimbursement basis for costs actually incurred by the Agency, after submittal of invoice, with copies of canceled checks and such documentation as the County may require to verify that the project has been properly performed. Invoices should be submitted with a cover letter indicating total amount for reimbursement signed by an authorized official.

ARTICLE IV

OBLIGATIONS OF THE COUNTY

- 4.1 The obligations of the "County" under this Agreement are contingent upon the availability of funds lawfully appropriated for the purposes stated in the Palm Beach County Code. The Agency shall not pledge the "County's" credit or make guarantee or payments or surety for any contract debt, obligation, judgment, lien, or any form of indebtedness.

ARTICLE V

TERMS OF AGREEMENT

- 5.1 This Agreement shall commence upon execution by the "County" and shall terminate on September 30, 2010. Either party may terminate the contract by giving the other party fifteen (15) days written notice. The "County" has the right to audit financial records and monitor contracted program.

ARTICLE VI

PUBLIC ENTITY CRIMES

- 6.1 As provided in Florida Statue 287.132-133 by entering into this Agreement or performing any work in furtherance hereof, the Agency certifies that 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 36 months immediately preceding the date hereof. This Notice is required by Florida Statue 287.133(3)(a).

ARTICLE VII

INSURANCE REQUIREMENTS

- 6.2 GRANTEE shall, on a primary basis and its sole expense, agree to maintain at all times during the life of this Agreement, insurance coverages, limits, Including endorsement, as described herein. The requirements contained herein as well as

COUNTY'S review or acceptance of self insurance maintained by GRANTEE are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by GRANTEE under the Agreement.

- A. Commercial General Liability GRANTEE shall agree to maintain Commercial General Liability at a limit of liability not less than \$500,000 per occurrence. Coverage shall not contain any endorsement excluding Contractual Liability or Cross Liability unless granted by County's Risk Management.
- B. Worker's Compensation Insurance & Employers Liability GRANTEE shall agree to maintain Worker's Compensation Insurance & Employers Liability in accordance with Florida Statute Chapter 440.
- C. Additional Insured GRANTEE shall agree to endorse the COUNTY as an Additional Insured with a CG2060 Additional Insured-Designated Person or organization endorsement, or equivalent, to the Commercial General Liability. The Additional Insured shall read Palm Beach County Board of County Commissioners.
- D. Certificate(s) of insurance. Immediately following notification of the award of this Agreement, GRANTEE

shall agree to deliver COUNTY a Certificate(s) of insurance evidencing that all types and amounts of insurance coverages required by this Agreement have been obtained and are in full force and effect. The certificates(s) of insurance shall include a minimum thirty (30) day endeavor to notify due to cancellation or non-renewal of coverage. Certificate holder shall be Palm Beach County, Office of Equal Opportunity 215 North Olive Avenue Suite 130 West Palm Beach Florida 33401.

E. Right to Review COUNTY, by and through its Risk Management Department, in cooperation with the Office Of Equal Opportunity, reserves the right to review, modify, reject or accept any required policies of insurance, including limits, coverages or endorsements, herein from time to time throughout the life of this Agreement. COUNTY reserves the right, but not the obligation, to view and reject any insurer providing coverage because of its poor financial condition of failure to operating legally.

ARTICLE VIII

6.1 All notices required in this contract shall be sent by certified mail, return receipt requested to the parties at the address listed as follows:

County: Palm Beach County
Office of Equal Opportunity
215 North Olive Avenue, Suite 130
West Palm Beach, FL 33401

Agency: Florida Outreach Center for the Blind
1280 N. Congress Avenue, Ste-108
West Palm Beach, Florida 33409

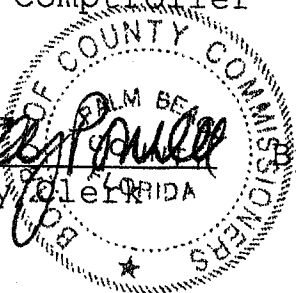
IN WITNESS WHEREOF, the parties hereto have made and executed this agreement on the dates below.

R20091738 OCT 20 2009
PALM BEACH COUNTY, FLORIDA

Sharon R. Bock
Clerk and Comptroller

BY ITS BOARD OF
COUNTY COMMISSIONERS

By: *Sharon R. Bock*
Deputy Clerk



By: *Jeff Koons*
Jeff Koons
Chairperson

APPROVED AS TO TERMS
AND CONDITIONS

APPROVED AS TO FROM
AND LEGAL SUFFICIENCY

Harry Lamb
Harry Lamb, Director
Office of Equal

Tammy K. Fields
Tammy K. Fields
Assistant County Attorney
Opportunity

AGENCY: Florida Outreach Center for the Blind, Inc
1280 N. Congress Avenue, Ste- 108
West Palm Beach, Florida 33409

WITNESS: Virginia L. Dathright
Nina Hallam

Carolyn Hagg Executive Director
Type or Print Name Title

Signature:
Carolyn Hagg

10 SEP 30 AM 9:33

**PALM BEACH COUNTY
OFFICE OF EQUAL OPPORTUNITY
GRANT STATUS REPORT**

AGENCY: Florida Outreach Center for the Blind
ADDRESS: 2315 S. Congress Ave
PHONE: 561-642-0005
CONTACT: Carolyn Lapp
PROJECT: Empowering the Blind

AMOUNTED GRANTED \$ 5000.00

STATUS OF REPORT (Include details i.e., purchases, contracts and programs completion.)

On Target: children's Party took place late last year; we moved to our new facility. The Dining in the Dark event is scheduled for October 16, 2010.

AMOUNTED EXPENDED:

THIS QUARTER \$ 4206.36
TO DATE: \$ 5306.36

SEND TO: NINA H. HOLLAND
ACCESSIBILITY ADVOCATE SPECIALIST
OFFICE OF EQUAL OPPORTUNITY
215 NORTH OLIVE AVENUE
WEST PALM BEACH, FLORIDA 33401

NOTE: FAILURE TO SUBMIT ON TIME WILL RESULT IN REIMBURSEMENT DELAYS AND POSSIBLE CANCELLATION OF GRANT CONTRACT.

Handicap Awareness 2009

Technology

Office Depot - Ink cartridge	40.45	
Staples -Ink Cartridge	54.58	
Costco - Ink cartridges	69.10	
Costco - Ink cartridges	67.55	
Best Buy - Computer	1,503.94	The total is 1598.45 minus tax of 94.51 given back as cash
Total		1,735.62

Instructional Materials

S&S Worlwide	198.33	
Maxiaids - 20/20 pens	50.90	
Maxiaids - Touch dots	59.31	
Total		308.54

Office Supplies

Sam's Club - Storage cabinet	213.00	
The Graphic Factory-Brochures	200.00	
Total		413.00

Dining in the Dark

Night Vision Goggles	1,749.20	
Total		1,749.20

Grand Total		4,206.36
-------------	--	----------

Business Economy Chk - 1235 : Check Image

Check Image:

FLORIDA OUTREACH CENTER FOR THE BLI *8698129*
PH. 561-640-0029 1831
1280 N. CONGRESS AVE., STE. 108
WEST PALM BEACH, FL. 33409 DATE *6-2-2010*

PAY TO THE ORDER OF *S & S Worldwide* \$ *198.33*

One hundred ninety Eight & ³³/₁₀₀ DOLLARS

Bank of America *William S. Ober*
ACH REF 063100277

FOR *Gifts*

⑆001831⑆ ⑆063000047⑆ 005481981235⑆

06022610 149475999
Debit Card Bank 2511261810
PAY TO THE ORDER OF 00000000000000000000

Business Economy Chk - 1235 : Check Image

Check Image:

FLORIDA OUTREACH CENTER FOR THE BLI
 P.O. BOX 6229
 1280 N. CONGRESS AVE., STE. 108
 WEST PALM BEACH, FL. 33409

DATE: 9/13/10 1844

PAY TO THE ORDER OF Sami's Club \$ 213

Two hundred thirteen DOLLARS

Bank of America
 ACH NY 08100277

FOR Walter J. De
Concelynn V. De

⑆001844⑆ ⑆063000047⑆ 005481981235⑆ ⑆0000021300⑆

⑆0631075134⑆
 MAGNETIC SWIPE ONLY
 ORLANDO FL 32819 1PK
 1731609667

FOR DEPOSIT ONLY - SAMI'S CLUB - 98140
 09/03/10 15:21:53 8140 002 2541 213.00
 N 108 1109110011759810
 ABA ⑆ 063000047
 CR ACCT 001844
 C/O
 BANK ABA ⑆ 063000047
 BANK ACCT ⑆ 200002700434
 213.00

FOR DEPOSIT ONLY - BANK OF AMERICA
 09/03/10 15:21:53 8140 002 2541 213.00
 N 108 1109110011759810
 ABA ⑆ 063000047
 CR ACCT 001844
 C/O
 BANK ABA ⑆ 063000047
 BANK ACCT ⑆ 200002700434
 213.00

FLORIDA OUTREACH CENTER FOR THE BLI

PH. 561-640-6029
1280 N. CONGRESS AVE., STE. 108
WEST PALM BEACH, FL 33409

1863

DATE 9-29-10

PAY TO THE
ORDER OF

The Graphic Factory

\$ 200.⁵⁰

63-4/630

Two Hundred and 00/100

DOLLARS

Bank of America



ACH R/T 063100277

FOR

Brocklers

William J. [Signature]

Coralyn [Signature]

⑈001863⑈ ⑆063000047⑆ 005481981235⑈

©2008 Bank of America - SC

SIGHT CHE

Business Economy Chk - 1235 : Check Image

Check Image:

PRE-AUTHORIZED DEBIT

063-0004/0630
ENTRY DATE 09-21-10

BEST BUY TELECHK 800-697-9263PURCHASE \$1,598.45
9036130808 653000001 TRACE 263416609798581

BK OF AMER NA 1400310000005591630914
GREEN COVE SPRINGS FL 320438988 1859
TRACE 263416609798581 ACCT. 005481981235

⑈001859⑈ ⑆063000047⑆ 005481981235⑈ ⑆0000159845⑆

11151813

REC. NO. 063 09/21/10
TRACE 075 856
⑆0910-0061-94
2753279713

Business Economy Chk - 1235 : Check Image


Check Image:

FLORIDA OUTREACH CENTER FOR THE BLI
 P.O. BOX 640-8023
 1280 N. CONGRESS AVE., STE. 108
 WEST PALM BEACH, FL. 33409

DATE 6-7-10 1832

PAY TO THE ORDER OF Maxiaids \$ 50.90

Fifty and 90/100 DOLLARS

Bank of America 
 ACH NY 053100277

FOR Walter Wilson
Carolyn Carr

⑆001832⑆ ⑆063000047⑆ 005481981235⑆

189 0014182355 PKT10 >021487912<
 06/14/2010 CAPITAL ONE BANK
 MATTITUCK, NY

PAY TO THE ORDER OF
 CAPITAL ONE BANK
 5000110
 FOR DEPOSIT ONLY
 NANTUCKET, MA
 0254600002
 0254600002
 FEDERAL RESERVE BANK OF NEW YORK
 5 FEDERAL ST. NEW YORK, NY 10038

EXPONISE NAME


Business Economy Chk - 1235 : Check Image

Check Image:

FLORIDA OUTREACH CENTER FOR THE BLI
 P.H. 581-640-8029
 1280 N. CONGRESS AVE., STE. 108
 WEST PALM BEACH, FL. 33409

DATE 8-25-10 1852

PAY TO THE ORDER OF Henry Fleagle \$ 67.55 63-41530 FL 1975

Sixty Seven and 55/100 DOLLARS 

FOR chk Walter X. [Signature]
Conalyn [Signature]

ACH NY 063100277

⑆001852⑆ ⑆063000047⑆ 005481981235⑆ ⑆0000006755⑆

For Deposit Only

Credited To The Account Of
 The V.I.P. Named Payee
 Electronic Funds Transfer
 Bank of America, N.A.
 3217 67439

AG-28

BANK OF AMERICA, N.A. NIA
 03110001304 63265 01 00
 08/25/10
 7250812375

MAXI AIDS

INDEPENDENT LIVING

Farmingdale, New York 11735
 FOR INFORMATION: (631) 752-0521
 FED. ID #11-2812429
 FOR ORDERS: TOLL-FREE 1-800-522-6294
 - ORDER 24 HOURS A DAY BY FAX -
 FAX: (631) 752-0689

4252553-1
 PO#-NONE-
 Date 6/14/2010

ShipTo ID: 6263413
 Process: 6/14/2010

OLD TO

F. O. C. B
 1280 N Congress
 West Palm Beach, FL 33409

SHIP TO

F. O. C. B
 1280 N Congress
 West Palm Beach, FL 33409
 (561) 640-6029 x

Customer No.	Sales I.D.	Batch Code	Media Code	Pay Method	Order Total
40074050	ES	ML	2010CAT	CMP	\$50.90
Credit Card Number	Expiration	Phone Number	Total Wt.	Zone	Ship Via
		(561) 640-6029 x	3.00		PO

THANK YOU FOR YOUR ORDER

W0 6/14/2010 3:15:29PM 20100614151232

QTY	Item #	Description	Shipped	B/O	Unit Cost	Extension
4	45521 - 20/20 PEN-PR OF 12 PENS	4x12=48 07D02	4	0	\$10.75	\$43.00

SHIPPED WITH CARE!

Picked By MR Inspected By [Signature]
 Packed By MO

Gross	Misc.	Discount	Sales Tax	Handling	Order Total	Deposit	Chg Amt/Bal D
43.00	0.00	0.00	0.00	7.90	50.90	50.90	\$0.00

Maxi AIDS
 MAXI AIDS
 42 Executive Blvd.
 Farmingdale, New York 11735

Order No: 4252553 Ship Via: PO



Ship to:
 F. O. C. B
 1280 N Congress
 West Palm Beach, FL 33409
 (561) 640-6029 x

PH. 561-640-6029

1280 N. CONGRESS AVE., STE. 108
WEST PALM BEACH, FL 33409

1831

DATE 6-2-2010

PAY TO THE ORDER OF S & S Worldwide

63-17630 FL 1575
\$ 198.33

One hundred ninety eight & 33/100

DOLLARS

William S. Oberhelman



ACH 07 003100277

FOR CASH

⑆00183⑆ ⑆063000047⑆ 005481981235⑆

©2008 American Express

SHORT CHECK

1-800-243-9232 WWW.SSWW.COM Fax Toll Free: 1-800-566-6678 (International Fax: 880-537-2866)

2 Delivery Address (delivery requires Street Address)
 Same as billing address Different (fill out below)

3 Whom may we contact regarding your order?

Institution Name
First Name Last Name Title
Department Day Time Tel:
Street Address
City State Zip

Name Carolyn Lapp
Title
Daytime Telephone Number (including extension) 561 714-4143
Fax Number

Get added to preferred email:
• Newsletters • Bulletins • Special offers and events

Your Name
Your email address

Page Number	Item Number	Size	Color	Quantity Ordered	Description	Unit Price	Total Price
	CMB CE4013			1	Flower Thermometer	7.49	7.49
	CMB CE4073			1	Star Spangled Door Hanger	6.99	6.99
	CMB WE612X			1	Raffia Basket	26.49	26.49
	CMB GP1412			1	Jute Basket	32.99	32.99
	CMB BP700			1	Two Tone Purse	24.49	24.49
	CMB LA4000		white	1	Lacing	1.99	1.99
	CMB GP1686			1	Crystal Sun Catchers	24.99	24.99
	CMB GP1376			1	Bird Feeder	9.99	9.99
	CMB GL419			1	Glue	9.79	9.79
	CMB PT249		→	4	Paint, red, yellow, blue, white	9.96	9.96
	CMB PC449			1	Paint cups	7.29	7.29

No minimum order amount required. Shipping & Handling Charges

Orders must deliver to one address within the contiguous US.

Combine 3&S® orders to meet the FREE FREIGHT minimum.

Orders must deliver to one address within the contiguous US.

Free Freight does not apply to:

- Orders shipped to APOs, FPOs, AK, HI, Puerto Rico and all International orders, add an estimated 35% (we will prepay and add actual cost to your invoice).
- Throughout the catalog there are items noted with symbol. Shipping charges vary and items are not eligible for free freight. See Terms and Conditions on reverse for more details.
- Orders shipped to P.O. Boxes and via USPS.

If your subtotal is: Add:

under \$60	\$8.95	\$1,000.00 And Over	FREE FREIGHT!
\$60.00-\$749.99	15%		
\$750.00-\$999.99	10%		
\$1,000.00 and Over	FREE		

Offer Code (leave blank if not applicable)

Amount of Purchase 172.46

Tax 25.87

Shipping and Handling Charge (see chart at left)

TOTAL 198.33

CT residents add 6% Sales Tax. CA, NY and NJ residents add appropriate State/County Sales Tax (if applicable).



Savings Made Simple

CLUB MANAGER WILLY ST. LOUIS
(561) 586 - 9260
Fax and Pull # (561)585-0134
LANTANA, FL
08/03/10 15:38 6406 8140 002 2561
V MEMBER 101-*****2838

THANK YOU,
CAROLYN LAPP

845043 STEELCABINET	189.78 T
E 373400 30CT VP CHIP	10.88 N
SUBTOTAL	200.66
TAX 1 6.500 %	12.34
TOTAL	213.00
CHECK TEND	213.00
CHANGE DUE	0.00

ITEMS SOLD 2

of eValues redeemed this trip 00
Continued on back...

COSTCO WHOLESALE

180 LANTANA

1873 W. LANTANA RD.
LANTANA, FL 33462
MEMBER #11761994579 Y8

175712 HP 88XI 3 PK 63.42 A
A 6.5% TAX 4.13
TOTAL ~~67.55~~
VF American Express 67.55

XXXXXXXXXXXX3008
08/25/10 13:41
Seq#: 002011 App# 595593
American Express Resp: AA
Tran ID#: 023739966000
Merchant ID 99018011

APPROVED - PURCHASE
AMOUNT \$67.55

0180 203 0000000203 0073

CHANGE

.00

TOTAL NUMBER OF ITEMS SOLD = 1
CASHIER: SCO LANE #203 REG# 203
08/25/2010 13:41 0180203 0073 203

WDE-60-068 CWD

THANK YOU!
PLEASE COME AGAIN!

* THANK YOU *
* COSTCO *

* THANK YOU *
* For Using COSTCO *
* Self Checkout *



LANTANA #180

1873 W. LANTANA RD.
LANTANA, FL 33462
MEMBER #111761994579 5D

175733 HP 88XL 2 PK 64.88 A

SUBTOTAL 64.88
A 6.5% TAX 4.22

TOTAL ~~69.10~~
Cash 100.00
CHANGE 30.90

TOTAL NUMBER OF ITEMS SOLD = 1
CASHIER: BRIAN W. REG# 4
8/23/2010 13:17 0180 04 0137 25

WDE-60-068 CWD
THANK YOU!
PLEASE COME AGAIN

OFFICE DEPOT
4558 LAKE WORTH ROAD
LAKE WORTH, FL 33463
561-969-1220
FAX 561-969-9799

SALE STR0162 REG001 TRN2585
02/27/10 12:30 EMP 436085 POS 5.09A

012502052289 CARTRIDGE, TPE, 3/8"
2 @ 18.99 37.98
SUBTOTAL 37.98
FL 6.50% SALES TAX 2.47
TOTAL 40.45
VISA 7825 40.45



THANK YOU

WE WANT TO HEAR FROM YOU!
Participate in our 15 minute online customer
survey and receive a coupon for
**\$10 off your qualifying purchase of \$50 or
more on office supplies, furniture and more**
Visit www.officedepot.com/feedback



that was easy.

Low prices. Every item. Every day.

6488 Lake Worth Road

LAKE WORTH, FL 33467

(561) 357-1079

SALE	1475238 1 001 75317
	1548 03/07/10 11:34
QTY SKU	PRICE

REWARDS NUMBER 3100280589

1	HP 88 COLOR INK 3P	42.99
	883585029136	
1	BOOK OF POSTAGE S	8.80N
	06789000	
SUBTOTAL		51.79

Standard Tax 6.50% 2.79

TOTAL \$54.58

Visa	54.58
Card No.: XXXXXXXXXXXX7825 [K]	
Auth No.: 193549	

TOTAL ITEMS 2

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Save \$50 instantly when you recycle any printer and purchase a new one, \$199 or more! Learn more at www.staples.com/printertradein



1 5 4 8 0 3 0 7 1 0 7 5 3 1 7 0 1

MAXI AIDS

FOR INDEPENDENT LIVING

Farmingdale, New York 11735
 FOR INFORMATION: (631) 752-0521
 FED. ID #11-2812429
 FOR ORDERS: TOLL-FREE 1-800-522-6294
 - ORDER 24 HOURS A DAY BY FAX -
 FAX: (631) 752-0689

Order No. 4211288-1
 Date# -NONE-
 3/1/2010

WORLD TO

FL OUTREACH CENTER F/B INC
 137 Teal Ct
 , FL

SHIP TO

FL OUTREACH CENTER F/B INC
 1280 North Congress Ave Suite 108
 West Palm Beach, FL 33409
 (561) 640-6029 x

ShipTo ID: 6220475
 Process: 3/01/2010

Customer No.	Sales I.D.	Batch Code	Media Code	Pay Method	Order Total
10301022	JW	VBI	2010CAT	VI	\$59.31
Credit Card Number	Expiration	Phone Number	Total Wt.	Zone	Ship Via
		(561) 640-6029 x	11.69	7.00	UPS

HAVE A HAPPY & HEALTHY NEW YEAR

WO 3/2/2010 9:09:17AM 20100302090035

QTY	Item #	Description	Shipped	B/O	Unit Cost	Extensior
1	506579	SAY WHEN LIQUID LEVEL INDICATOR	1	0	\$10.95	\$10.95
1	659034	TOUCH-DOTS GREEN 64 DOTS/PACKAGE	1	0	\$1.19	\$1.19
1	65923	BLACK TOUCH DOTS X 64	1	0	\$1.19	\$1.19
1	65448	ORANGE TOUCH DOTS	1	0	\$1.19	\$1.19
1	65499	RED TOUCH-DOTS	1	0	\$1.19	\$1.19
1	45521	20/20 PEN-PK OF 12 PENS 1 x 12	1	0	\$10.75	\$10.75
1	10453	500 REG BRAILLE PAPER 8.5X11-NOHOL	1	0	\$15.95	\$15.95

SHIPPED WITH CARE!
 Picked By [Signature] Inspected By [Signature]
 Packed By [Signature] All Orders Weight Verified

Gross	Misc.	Discount	Sales Tax	Handling	Order Total	Deposit	Chg Amt/Bal Du
42.41	0.00	0.00	0.00	16.90	59.31	0.00	\$59.31

Maxi AIDS
 42 Executive Blvd.
 Farmingdale, New York 11735

Order No: 4211288 Ship Via: UPS



Ship to:
 FL OUTREACH CENTER F/B INC
 1280 North Congress Ave Suite 108
 West Palm Beach, FL 33409
 Attn: Beverly Gallus

FLORIDA OUTREACH CENTER FOR THE BLI

PH: 561-640-6029
1280 N. CONGRESS AVE., STE. 108
WEST PALM BEACH, FL 33409

9/29/10

1866

63-4/630 FL
1575

1709.97

Gander Mtn.

Seventeen Hundred Nine

Bank of America

ACH/FT 083100277



Night Vision Goggles

W. [Signature]



⑈001866⑈ ⑆063000047⑆ 005481981235⑈ NOT NEGOTIABLE

DUPLICATE COPY #2

Gander Mountain, Palm Beach Gardens #353
(561) 627-5642
Mon-Thurs 9am - 9pm
Fri & Sat 9am - 9pm
Sundays 10am-7pm

TAX EXEMPT

TAX EXEMPT#: 85 8013106914c 4

OPTICS DEPT UPC	404979999998	729.99 N
NIGHT VISION 2.5X42 WITH IR MONOCULAR		
029757260208		249.99 N
OPTICS DEPT UPC	404979999998	729.99 N
TOTAL		\$1709.97
CHECK		\$1709.97
AUTH# 3826		

Receipt required for all
Returns and Exchanges

CUSTOMER COPY

ITEMS 3 Paul G.
09-29-2010 18:37:22 0353 25 562148 3347

3 Ways To Shop:
In Store, Online, and Catalog!

DUPLICATE COPY #2
09-29-2010 18:39:56 0353 25 562148 3349

FLORIDA OUTREACH CENTER FOR THE BLI

PH. 561-640-6029
1280 N. CONGRESS AVE., STE. 108
WEST PALM BEACH, FL. 33409

1864

63-1/830 FL
1575

Henry of Leagle

88.10

eighty eight 10/100

Bank of America

ACH FT 063100277

William J. Olive

N.V. Douglas

⑈001864⑈ ⑆063000047⑆ 005481981235⑈ NOT NEGOTIABLE

Modified by walezky , 04/06/2010

Header

List View

General Information Additional Amounts Extended Description Contact Document Information

Document Name: Florida Outreach Center for the Blind, Inc	Bank Account:
Record Date: 04/06/2010	Replacement: <input type="checkbox"/>
Budget FY: 2010	Cited Authority:
Fiscal Year: 2010	Actual Amount: \$1,100.00
Period: 7	Closed Amount: \$1,100.00
Document Description: R2009-1738, 10/09-9/10 Handicapped Awareness Grant	Closed Date: 04/06/2010
	Open Amount: \$0.00
	Referenced Amount: \$1,100.00

Vendor
Accounting
Posting

Vendor Line: 1 Vendor Customer: VC0000015064 Legal Name: FLORIDA OUTREACH CENTER FOR THE BLIND INC
 No. of Lines: 1 Accounting Line: 1 Line Amount: \$1,100.00 Line Open Amount:
 \$0.00 Posting Line: 1

- Edit
- Copy
- Copy Forward
- Discard
- Print
- Processing ▼
- Workflow ▼
- File ▼
- Close

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/16/2009

PRODUCER
Sotillo Insurance & Fin. Svc.
6606 South Dixie Highway
West Palm Beach FL 33408

INSURED
Fl. Outreach Center for the Blind, Inc.
1280 North Congress Avenue
S-108
West Palm Beach FL 33409

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAICS
INSURER A: Nautlius Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR	ADDP	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	<input checked="" type="checkbox"/> 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- <input type="checkbox"/> LIG	NC851925	01/06/2009	01/06/2010	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ Included
		<input 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				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
		<input type="checkbox"/> EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B		<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below <input type="checkbox"/> OTHER	NC762438	01/06/2009	01/06/2010	<input type="checkbox"/> WC STATU- TOBY/LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 School for the blind

CERTIFICATE HOLDER

Palm Beach County Board of County Commissioners
 910 Datura Street
 West Palm Beach, FL 33401
 ATT: Nina Holland
 561-358-4933

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE 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 AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE: *Adrian Zermeno*