

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

[illegible]

Department

Submitted By: Community Services

Submitted For: Human Services Division

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

A) receive and file the 2010 U.S. Department of Housing and Urban Development (HUD) Shelter Plus Care Renewal and Consolidated Grant Agreement, FL0281C4D051003, for the period of May 23, 2011, through May 22, 2012, in the amount of \$424.704; and

B) approve Amendment 01 to the contract (R2011-0721) with Oakwood Center of the Palm Beaches, Inc., n/k/a The Jerome Golden Center for Behavioral Health, Inc. for the period of May 23, 2011, through May 22, 2012, to increase the contract by \$225,624 for a total of \$424,704 for permanent housing beds for disabled, homeless individuals.

Summary: The Division has received a 2010 Shelter Plus Care Renewal and Consolidated Grant Agreement from HUD which consolidates two of the Division's existing Shelter Plus Care grants to provide rental assistance for a total of 32 permanent housing beds for homeless, disabled individuals. The impacted programs are Project Home (R2010-1102) and the Flagler Project (R2011-0721). The amendment combines the programs and reflects that The Flagler Project (R2011-0721) will retain the name and renewal dates and Project Home (R2010-1102) is terminated as of May 22, 2011. The Executive Director of the Jerome Golden Center for Behavioral Health, Inc., Dr. Linda DePiano, serves on a County Advisory Board, the Criminal Justice, Mental Health and Substance Abuse Planning Council. The Council provides no regulation, oversight, management, or policy-setting recommendations regarding the Jerome Golden Center for Behavioral Health, Inc. contract. Disclosure of this contractual relationship at a duly noticed public meeting is being provided in accordance with the provisions of Sect. 2-443, of the Palm Beach County Code of Ethics. No local match is required by the County for this grant. (Human Services) Countywide (TKF)

Background and Justification: In 2001, the Division of Human Services was awarded the Flagler Project, a five (5) year Shelter Plus Care grant, which was extended to six years in 2006 and has been renewed annually thereafter. Additionally, in 2004, the Division of Human Services was awarded Project Home, another five (5) year Shelter Plus Care Grant, which ended July 19, 2010 and has been renewed annually thereafter. HUD restricts eligibility for these funds to a governmental entity. The Division partnered with Oakwood Center of the Palm Beaches, Inc., n/k/a The Jerome Golden Center for Behavioral Health, Inc. for these projects who in turn have leased 32 rental apartments for disabled, homeless individuals with severe mental illness or dual diagnosis (mental illness and substance abuse). There is no cash match requirement for the grant but an in-kind match is provided by the partner agency in the form of supportive services.

Attachments:

1. 2010 U.S. Department of Housing and Urban Development (HUD) Shelter Plus Care Renewal and Consolidated Grant Agreement for FL0281C4D051003
2. Amendment 01 with Oakwood Center of the Palm Beaches, Inc., n/k/a The Jerome Golden Center for Behavioral Health, Inc.

Recommended by:

Department Director

6/17/11
Date

Approved By:

Assistant County Administrator

1/28/11
Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>
Capital Expenditures					
Operating Costs	<u>150,430</u>	<u>274,274</u>			
External Revenue	<u>(150,430)</u>	<u>(274,274)</u>			
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	<u>0</u> * see below	<u>0</u> * see below			

ADDITIONAL FTS

POSITIONS (Cumulative) _____
and Proposed

Is Item Included In Current Budget: Yes X No _____
 Budget Account No.: Fund 1001 Dept. 142 Unit 1432 Obj. 3401
 Program Code: various Program Period: GY11

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

Departmental Fiscal Review: _____

III. REVIEW COMMENTS

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

 OFMB *JA* 6/22/11
6/21/2011

 Contract Dev. and Control

B. Legal Sufficiency:

 Assistant County Attorney

This amendment complies with our review requirements.

The Dept of Community services will obtain an updated certificate when available.

C. Other Department Review:

 Department Director

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

2010 SHELTER PLUS CARE RENEWAL AND CONSOLIDATED GRANT AGREEMENT

Grant No: **FL0281C4D051003**
Project Name: **FL-605-Ren-Flagler, Combined**
New Award Amount: **\$424,704**
Number of units: **32, Combined**
Component: **SRA**
Renewal Start Date: **05-23-2011** Renewal Expiration Date: **05-22-2012**
Recipient: **Palm Beach County Board of County Commissioners**
Official Contact Person: **Georgiana F. Devine,**
Telephone #: **(561) 355-4778**
FAX #: **(561) 355-4801**
Email Address: **gdevine@pbcgov.com**
Tax ID No: **59-6000785**
DUNS #: **100219570**

Project Location **810 Datura Street, West Palm Beach, FL 33401**

CONSOLIDATED AGREEMENT

This Agreement is made by and between the United States Department of Housing and Urban Development (HUD) and **Palm Beach County Board of County Commissioners** (the "Recipient").

This Agreement will be governed by Subtitle F of Title IV of the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11301 et seq. (the Act); the HUD Shelter Plus Care Program final rule codified at 24 CFR 582 ("the Rule"), which is attached hereto and made apart hereof as exhibit 1, and the Notice of Funding Availability (NOFA) that was published in two parts. The first part was the general section of the NOFA, which was published June 11, 2010 at 72 FR 33323. The second part was the Continuum of Care Homeless Assistance Programs section of the NOFA, which is located at www.hud.gov/offices/adm/grants.nofa.10/grpcoc.cfm. The terms "Grant" or "Grant Funds" mean the funds for rental assistance that are provided under this Agreement. The term "Application" means the application submission on the basis of which a Grant was approved by HUD, including the certifications and assurances and any information or documentation required to meet any grant award conditions (including the application submissions for grants being consolidated in this agreement). The Application is incorporated herein as part of this Agreement; however, in the event of any conflict between the Application and any provision contained herein, this Shelter Plus Care Agreement shall control.

The following are attached hereto and made a part hereof:

 X **Exhibit 1 - The Shelter Plus Care Program Rule**

 Exhibit 2 - for Tenant-based Rental Assistance

 Exhibit 3 - for Project-based Rental Assistance

 X **Exhibit 4 - for Sponsor-based Rental Assistance**

FL0281C4D051003 Flagler Project SRA

HUD notifications to the Recipient shall be to the address of the Recipient as stated in The Application, unless HUD is otherwise advised in writing. Recipient notifications to HUD shall be to the HUD Field Office executing the Agreement.

Recipient agrees to conduct an ongoing assessment of the rental assistance and supportive services required by the participants in the program; to assure the adequate provisions of supportive services to the participants in the program; to be responsible for overall administration of this grant, including overseeing any sub-recipients, contractors and subcontractors; and to comply with such other terms and conditions, including record keeping and reports (which must include racial and ethnic data on participants for program monitoring and evaluation purposes), as the Secretary may establish for purposes of carrying out the program in an effective and efficient manner.

The recipient and project sponsor, if any, will not knowingly allow illegal activities in any unit assisted with S+C funds.

A default shall consist of any use of Grant Funds for a purpose other than as authorized by this Agreement, noncompliance with the Act, Rule, any material breach of the Agreement, failure to expend Grant Funds in a timely manner, or misrepresentations in the Application submissions that, if known by HUD, would have resulted in a grant not being provided. Upon due notice to the Recipient of the occurrence of any such default and the provision of a reasonable opportunity to respond, HUD may take one or more of the following actions:

- (a) direct the Recipient to submit progress schedules for completing approved activities;
- (b) issue a letter of warning advising the Recipient of the default, establishing a date by which corrective actions must be completed and putting the Recipient on notice that more serious actions will be taken if the default is not corrected or is repeated;
- (c) direct Recipient to establish and maintain a management plan that assigns responsibility for carrying out remedial actions;
- (d) direct the Recipient to suspend, discontinue or not incur costs for the affected activity;
- (e) reduce or recapture the grant;
- (f) direct the Recipient to reimburse the program accounts for costs inappropriately charged to the program;
- (g) continue the Grant with a substitute Recipient selected by HUD;
- (h) other appropriate action including, but not limited to, any remedial action legally available, such as affirmative litigation seeking declaratory judgment, specific performance, damages, temporary or permanent injunctions and any other available remedies.

No delay or omissions by HUD in exercising any right or remedy available to it under the Agreement shall impair any such right or remedy or constitute a waiver or acquiescence in any Recipient default.

FL0281C4D051003 Flagler Project SRA

The Grantee shall comply with requirements established by the Office of Management and Budget (OMB) concerning the Dun and Bradstreet Data Universal Numbering System (DUNS), the Central Contractor Registration (CCR) database, and the Federal Funding Accountability and Transparency Act, including Appendix A to Part 25 of the *Financial Assistance Use of Universal Identifier and Central Contractor Registration*, 75 Fed. Reg. 55671 (Sept. 14, 2010) (to be at 2 CFR part 25) and Appendix A to Part 170 of *Requirements, for Federal Funding Accountability and Transparency Act Implementation*, 75 Fed. Reg. 55663 (Sept. 14, 2010) (to be codified at 2 CFR part 170).

This Agreement constitutes the entire agreement between the parties hereto, and may be amended only in writing executed by HUD and the Recipient. More specifically, Recipient shall not change sponsor or population to be served without the prior approval of HUD. No right, benefit, or advantage of the Recipient or Sponsor hereunder may be assigned without prior written approval of HUD. The effective date of the Agreement shall be the expiration of the prior grant that is being renewed (applicable only to renewal grants whose term have not been extended.)

Execution of this Agreement terminates any S+C Amendment and Extension Agreement executed by the parties, as of the effective date of this Agreement. (Where more than one grant is being consolidated, execution of this Agreement terminates the Grant Agreements for the grants identified in the attached exhibits, as of the effective date of this agreement.)

By signing below, Recipients **that** are states and units of local government certify that they are following a current HUD approved CHAS (Consolidated Plan).

This agreement is hereby executed on behalf of the parties as follows:

UNITED STATES OF AMERICA,
Secretary of Housing and Urban Development

BY:

(Signature)

Date

5/11/11

Maria R. Ortiz-Hill, Director CPD Division
Name/Title

RECIPIENT
Palm Beach County Board of County Commissioners
(Name of Organization)

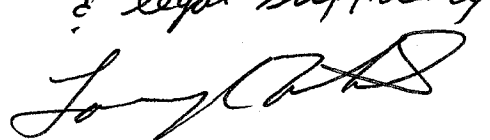
BY:

(Signature of Authorized Official)

Date

5/31/11

Robert Weisman, County Administrator
Name & (Title)

Approved as to form
& legal sufficiency


FL0281C4D051003 Flagler Project SRA

ATTACHMENT FL0281C4D051003 Flagler Project SRA

Exhibit 4SPONSOR-BASED RENTAL ASSISTANCE (SRA)

1. The Recipient is Pain' Beach County Board of County Commissioners.
2. HUD agrees, subject to the terms of the Agreement, to provide the Grant Funds in the amount specified below for the approved project(s) described in the Application, HUD'S total funding obligation is **\$424,704** for 32 units of sponsor-based rental assistance (SRA).
3. The term of this Grant Agreement shall be one (1.) year. One-year renewal grants cannot be extended and unobligated balances will be recaptured by HUD at the end of the grant period.
4. Recipient shall administer the overall S+C-SRA component, ensure the provision of supportive services & scribed in the Application and enter into contract(s) with the sponsor(s) listed in thr.. Application, which either own or lease dwelling units. The contract shall provide that rental assistance payments shall be made to the sponsor and that the assisted units shall be occupied by eligible persons.
5. Recipient agrees to comply with all requirements of this Agreement and to accept responsibility for well compliance by any entities to which it makes Grant Funds available.
6. Recipient shall receive aggregate amounts of Grant Funds not to exceed the appropriate existing housing fair market rental value under Sec. 8(c)(1) of the United States Housing Act of 1937 in effect at the time the Application was approved. This fair market rent may be higher or lower than the fair market rent in effect at the time of application submission.
7. The effective date of the Agreement shall be the expiration of the prior grant that is being renewed (applicable only to renewals of grants whose terms have not been extended),
8. HUD and the recipient entered in to a revised grant agreement # **FL0281BCD0501003 -Flagler Project**, the grant agreements that are herein being consolidated into one grant. The grant numbers and amount of funds being transferred into this Agreement are:
Grant Number: **FL0281C4D051003** Flagler Project **\$199,080**
Grant Number: **FL0320C4D05002** Project Home **\$225,624**
Consolidated Grant #: FL0281C4D051003 Flagler Project \$424,704



FL0281C4D051003 Flagler Project SRA

Memo to Mr. al Bellini

GUIDE FOR CONSOLIDATION

Grant Number FL0320C4D051002 Project Home SRA in to FL0281C4D051003 Flagler Project SRA

CONSOLIDATED GRANTS: S+C renewal applicant Palm Beach County Board of County Commissioners wish to combine their grants by merging two grants that they are currently administering into a single grant. Such consolidations are possible so long as certain criterion is met.

To help with the merger, Field Office Staff are using the following guidance:

- Grants must have the same component: (Both FL0281C4D051003 (Flagler Project) and FL0320C4D05002 (Project Home) are S+C and for Permanent Housing (SRA); grantee is the Palm Beach County Board of Commissioners, Sponsor: Oakwood Center of the Palm Beaches, Inc. n/k/a The Jerome Golden Center for Behavioral Health, Inc).
- Ideally, operating start dates should be no more than 30 days apart; however, some start dates could be more or less than 30 days. Regardless of the difference in dates an extension *must* be done to bring all projects in line with the new start date. (Please note some grants may require an extension while others may not.) (FL0281C4D051003, Flagler Project begins on May 23, 2011, Project Home has a start date of 7-20-2011 and merged with Flagler it will have a start date of May 23, 2011, allowing a common start end date for both grants.)
- Complete a Technical Submission budget for the combined grant(s) (A combined Technical Submission is not required for the Shelter Plus Care grants.)
- Use the first project number funded: (FL0281C4D051003 (Flagler Project is the first project funded and will be used here on.)
- Execute the grant agreement for project: (A Consolidated grant agreement for FL0281C4D051003 (Flagler Project has been prepared.)
-
- **THE FOLLOWING NEEDS TO BE COMPLETED FOR FORT WORTH TX:**
- Prepare a HUD718 to unreserve the funds for: (FL0320C4D051002 Project Home in the amount of \$225,624.)
- Prepare 718 to reserve the funds previously assigned to: (FL0230C4D051002-Project Home in the amount of \$225,624 and add them to FL0281C4D051003, for a total of \$424,704.)
- Submit the two 718 with a copy of the grant agreement consolidation to: Fort Worth: This guide describing the consolidation shall serve to inform Fort Worth that we are unreserving the funds for project FL0320C4D05002-Project

Home in the amount of \$225,624 and reserving those funds to be added to the Flagler Project FL0281C4D051003. Attach is an executed grant agreement Consolidation, that reflects the combined amount of (\$424,704) and terminates the prior renewal grants presently in the LOCCs. FIO281C4D051003 Flagler Project and FL032C40051002 Project Home.

- Grantee should submit an APR under the combined grant FL0281C4D051003 Flagler Project.
- The project number for the second grant (FL0320C4D051002-Project Home) will no longer be used.

FL0281C4D051003 Flagler Project SRA

A handwritten signature in black ink, appearing to be "D. Williams", written in a cursive style.

**AMENDMENT TO
CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE**

THIS AMENDMENT TO THE CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE (R2011- 0721; dated May 17, 2011) made and entered into at West Palm Beach Florida, on this _____ day of _____, 2011 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and Oakwood Center of the Palm Beaches, Inc., n/k/a The Jerome Golden Center for Behavioral Health, Inc., hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is Oakwood Center of the Palm Beaches, Inc., n/k/a The Jerome Golden Center for Behavioral Health, Inc., 1041 45th Street, West Palm Beach, Florida 33407.

WITNESSETH:

WHEREAS, the Division of Human Services has received a 2010 Shelter Plus Care Renewal and Consolidated Grant Agreement from the Department of Housing and Urban Development (HUD), FL0281C4D051003, combining FL0281C4D051003 (Flagler Project) with FL0320C4D051002 (Project Home) into one grant to provide rental assistance to 32 homeless, disabled individuals. This program shall retain the name and renewal dates of the Flagler Project creating one 32 - bed Shelter Plus Care Program. In order to avoid a disruption of services, this amendment shall be retroactive to the start date of the original contract, R2011 - 0721.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on May 17, 2011 is hereby amended as follows:

- I. Article 3 is hereby amended to read, an amount not to exceed Four Hundred Twenty - Four Thousand Seven Hundred Four (\$424,704).
- II. Exhibit "A" is hereby replaced by "A-1" attached hereto and made a part thereof.
- III. Exhibit "C2" is hereby replaced by "C2-1" attached hereto and made a part thereof.
- IV. Exhibit "F" is hereby replaced by "F-1" attached hereto and made a part thereof.

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this First Amendment to the Contract shall be and are hereby changed to conform to this amendment.

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

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Contract on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:

Sharon R. Bock, Clerk & Comptroller

PALM BEACH COUNTY, FLORIDA, a
Political Subdivision of the State of
Florida

BOARD OF COUNTY COMMISSIONERS

BY: _____
Clerk & Comptroller

BY: _____
Karen T. Marcus, Chair

WITNESS:

Terris Collins
Signature

TERRIS COLLINS
Name Typed

59-1171320
AGENCY's Federal ID Number

AGENCY:

Oakwood Center of the Palm Beaches, Inc.,
n/k/a The Jerome Golden Center for
Behavioral Health, Inc.

BY: [Signature]
Signature

Linda De Piano, PhD
AGENCY's Signatory Name Typed

Chief Executive Officer
AGENCY's Signatory Title Typed

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

Assistant County Attorney

APPROVED AS TO TERMS AND CONDITIONS
Department of Community Services

By: [Signature]
Channell Wilkins
Director, Community Services

SCOPE OF WORK

BACKGROUND INFORMATION:

This contract complies with the HUD Supportive Housing Program Regulation 24 CFR Part 582. (**Exhibit B**)

DESCRIPTION OF THE SHELTER PLUS CARE PROGRAM WITH OAKWOOD CENTER OF THE PALM BEACHES, INC., N/K/A THE JEROME GOLDEN CENTER FOR BEHAVIORAL HEALTH, INC. (The Center)

The Center will provide permanent housing to thirty-two (32) homeless individuals who are severely mentally ill or dually diagnosed through Sponsor Based Rental Assistance (SRA). The Center will hold the lease for each of the thirty-two, one bedroom apartments (water will be included in rent cost whenever possible); pay the security deposits fees, the electric and all eligible fees. Additionally, fifteen of the thirty-two beds will be dedicated chronically homeless beds for individuals meeting HUD's definition of chronically homeless. Rent costs are based on a one bedroom apartment at the current HUD Fair Market Rent rate for Palm Beach County. The Center will also provide the Supportive Services to include: Case Management, Employment Counseling, Medication Management, Benefits Counseling, and Day Treatment.

Referrals will be received through the Homeless Outreach Teams, PATH Case Managers, and HUD Funded Transitional Housing Case Managers. All of the above referral sources will complete a comprehensive Intake and Assessment to verify the individual meets the HUD definition of homelessness as well as being severely mentally ill or dually diagnosed.

Attached is the Shelter Plus Care Proposal submitted by The Center (**Exhibit C**) which further outlines The Center's responsibilities.

DELIVERABLES:

1. Maintain thirty-two one bedroom apartment leases that have received Housing Quality Standard Inspections and will be re-inspected annually thereafter.
2. Provide a quarterly report verifying the provision of match in the form of Supportive Services to the individuals living in the thirty-two apartments due by the 15th of the month following each quarter.
3. Submit copies of receipts for security deposit. If alternate apartments are leased, copy of transfer of lease is required.

Exhibit A-1 (2)

4. Calculate tenant rents according to 24 CFR 582.310 (**Exhibit B8**) and keep appropriate HUD documents in residents' case files.
5. Document eligibility of each resident according to 24 CFR 582.5 (**Exhibits B & B1**) and keep appropriate HUD documents in residents' case files.
6. Report deaths of residents to the Human Services office within 24 hours (one business day).
7. Track data needed to complete the Logic Model (**Exhibit G**) submitted with the 2010 HUD SPC Renewal Application as required by HUD.
8. Submit Part I, Project Progress, of the HUD APR, to the Human Services office within 60 days of the close of this contract.

MONITORING/REPORTING:

A monthly desk audit will be completed by the County to determine programmatic and fiscal compliance.

Annually, review case records to verify provision of Supportive Services identified in Description of Services and compliance with HUD requirements.

BILLING/PAYMENTS:

Monthly, **Exhibits D, E, and F-1** will be submitted by the tenth of each month, along with documentation of rental payments, utility payments, security deposit payments (required initially and/or if transferred) and eligible fees. Individuals must occupy the apartment for minimum of (20) days in order to receive full reimbursement for the month.

All invoice billings for services relative to this agreement must be submitted to Human Services within 45 days after the close of the contract.

EXHIBIT C2-1**BUDGET**

PROVIDER ORGANIZATION: Oakwood Center of the Palm Beaches, Inc.,
n/k/a The Jerome Golden Center for Behavioral Health, Inc.

PROGRAM TITLE: Flagler Project

PERIOD COVERED BY THIS BUDGET: 05/23/2011 to 5/22/2012

A. DIRECT COST- RENT	
ITEM	AMOUNT
Rent	\$340,885
Utilities	\$48,350
Security Deposits	\$13,130
Property Damage	\$6,360
Sub Total	\$408,725
B. INDIRECT COST -ADMIN	
ITEM	AMOUNT
Administrative Overhead: eligible S+C admin activities - requires time/activity sheet	\$13,029
Apartments Inspections	\$1,950
Application Fees	\$1,000
Sub Total	\$15,979
C. TOTAL COST	\$424,704

MONTHLY BED OCCUPANCY RATE FOR SHELTER PLUS CARE FLAGLER PROJECT

Report for month of _____, 20____

	Client Number	Date of Entry	Date of Exit	Resident Address (Including Apt.# and Complex Name)	Utilities Paid	Rent Paid	Total Rent & Utilities Paid	Security Deposits, Fees & Damages
1.								
2.								
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NOTE: The total paid for rent and utilities per client cannot exceed the current HUD FMR for a one bedroom apartment in Palm Beach County. This does not include Security Deposits, Damages, Inspections, and/or Fees. The amount of either Damages or Security Deposits paid cannot exceed one month's rent each for any apartment. Housing Quality Standard Inspections are billable under Admin Costs upon moving into a unit and annually thereafter.

Number of Vacant Apartments: _____

Comments: _____

Submitted by: _____
Signature

Date: _____

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 Brown & Brown of Florida, Inc. Daytona Beach Office P.O. Box 2412 Daytona Beach, FL 32115-2412 Julie Young		386-252-9601 386-239-5729	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: OAKWO-2	FAX (A/C, No):
INSURED OAKWOOD CENTER OF THE PALM BEACHES, INC. 1041 45TH ST W PALM BEACH, FL 33407	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A : Mental Health Risk Retention			44237
	INSURER B : Philadelphia Indemnity Ins Co			18058
	INSURER C : Travelers Cas & Surety Co of			19038
	INSURER D : Scottsdale Ins Co			41297
	INSURER E : FHM			10699
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.

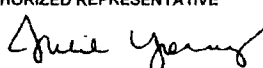
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		CCL0001843	07/01/10	07/01/11	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input checked="" type="checkbox"/> PROFESSIONAL LIAB		\$1MIL/\$3MIL	07/01/10	07/01/11	MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 3,000,000
						PRODUCTS - COMP/OP AGG \$ 3,000,000
						EMPL BENE \$ 3,000,000
B	AUTOMOBILE LIABILITY					
	<input checked="" type="checkbox"/> ANY AUTO		PHPK 591823	07/01/10	07/01/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					\$
	<input checked="" type="checkbox"/> COMP DED \$1,000					\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DEDUCTIBLE					\$
	RETENTION \$					\$
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	WC30600205852011A	04/01/11	04/01/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. EACH ACCIDENT \$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	CRIME INCL FIDUCIA		104953086	07/01/10	07/01/11	LIMIT 400,000
D	D & O LIABILITY		OPS0056530	07/01/10	07/01/11	D&O LIMIT 5,000,000

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

PALM BEACH CNTY BD OF CNTY COMMISSIONERS A POLITICAL SUBDIVISION OF THE STATE OF FL. ITS OFFICERS, AGENTS AND EMPLOYEES C/O DEPT OF COMMUNITY SERVCIES ARE LISTED AS ADDL INSUREDS TO THE GENERAL LIABILTY COVERAGE IN REGARD TO ACTS OF NEGLIGENCE CON'T

CERTIFICATE HOLDER

CANCELLATION

PALMB19 PALM BEACH CNTY BD OF CNTY COMMISSIONERS DEPT OF HUMAN SERVICE ATTN: CAROL SHAFFER 810 DATURA ST W 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 
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NOTEPAD:

HOLDER CODE
INSURED'S NAME

PALMB19
OAKWOOD CENTER OF THE PALM

OAKWO-2
OP ID: LE

PAGE 2
DATE 03/29/11

ARISING OUT OF THE NAMED INSURED'S OPERATIONS. THE RETROACTIVE DATE FOR
BOTH THE GENERAL AND PROFESSIONAL LIABILITY COVERAGE IS 4/4/1986.