

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Year	2012	2013	2014	2015	2016
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>0</u>				
POSITIONS (Cumulative)	<u>0</u>				

Is Item In adopted Budget? Yes _____ No _____

Budget Account No: Fund _____ Agency _____ Org _____ Object _____

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

Funds from FDLE JAG Program (0001-762-7670) and the Crime Prevention Fund (Fund 1500) to be administratively carried forward

C. Departmental Fiscal Review: Yes 9/13/11

III. REVIEW COMMENTS

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

* time extension only.

[Signature] 9/10/11
 OFMB JB 9/14/11

[Signature] 9/23/11
 Contract Development & Control
 9.22-11 B. Wheel

B. Legal Sufficiency:

[Signature] 9/23/11
 Assistant County Attorney

This amendment complies with our review requirements.

**FIRST AMENDMENT TO
CONTRACT FOR PROFESSIONAL SERVICES**

THIS FIRST AMENDMENT to the CONTRACT (R2011-0538) is made as of the _____, by and between Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of Commissioners, hereinafter referred to as the COUNTY, and GULFSTREAM GOODWILL INDUSTRIES INC., 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 59-1197040.

WITNESSETH:

WHEREAS, the COUNTY'S Criminal Justice Commission (CJC), wishes to provide continued support to the SERVICE PROVIDER to provide services to youth who are involved in the juvenile justice system and at risk of placement in the juvenile detention center; and

WHEREAS, the Criminal Justice Commission has recommended the use of Federal Edward Byrne Memorial Justice Assistance Grant funds to support the partnership by providing funds for the SERVICE PROVIDER to participate; and

WHEREAS, the COUNTY, agreed to reimburse the SERVICE PROVIDER for expenses up to the amount of \$61,000 from March 1, 2011 and complete all services by August 31, 2011 for the Alternatives to Secure Detention Program; and

WHEREAS, the grant is used to pay for the Alternatives to Secure Detention Program and the parties entered into this Contract in order to formalize their relationship with respect to this grant; and

WHEREAS, the Alternatives to Secure Detention Program is ongoing and there are unexpended dollars through no fault of either party; and

WHEREAS, the parties mutually desire to extend the Contract until November 30, 2011 or until all funds are expended, whichever date is first.

NOW THEREFORE, in consideration of the mutual promises contained herein, the COUNTY and the SERVICE PROVIDER agree as follows:

1. The Term of the Contract is amended to provide that the Contract shall continue until November 30, 2011 or until all funds have been expended, whichever occurs first;
2. The COUNTY'S representative/contract monitor during the term of this Contract shall be Michael L. Rodriguez, or his designee, whose telephone number is (561) 355-4943.

All other provisions of said Contract are hereby confirmed, and except as provided herein are not otherwise altered or amended 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 the 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: _____
Karen Marcus, Chair

Gulfstream Goodwill Industries, Inc.

By: 
Executive Director

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

By: 
County Attorney

APPROVED AS TO TERMS
AND CONDITIONS

By: 
Michael L. Rodriguez
Executive Director

Client#: 79557

GULFSGOO

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/21/2011

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 Marsh & McLennan Agency LLC 1601 Belvedere Road Suite 300, East Tower West Palm Beach, FL 33406	CONTACT NAME: Laura DiPersico		
	PHONE (A/C, No, Ext): 561-209-1690	FAX (A/C, No): 866-795-7046	
	E-MAIL ADDRESS: ldipersico@niagroup.com		
INSURED Gulfstream Goodwill Industries, Inc. 1715 Tiffany Drive East West Palm Beach, FL 33407	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Philadelphia Indemnity Insuranc		18058
	INSURER B : CastlePoint National Insurance		40134
	INSURER C : Liberty Surplus Insurance Corpo		10725
	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.

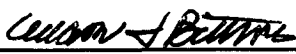
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PHPK666663	12/28/2010	12/28/2011	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$15,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$3,000,000
							PRODUCTS - COMP/OP AGG	\$3,000,000
								\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK666663	12/28/2010	12/28/2011	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$10,000			PHUB331456	12/28/2010	12/28/2011	EACH OCCURRENCE	\$1,000,000
							AGGREGATE	\$1,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC0002550511042	06/01/2011	06/01/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTHER	
							E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$1,000,000
							E.L. DISEASE - POLICY LIMIT	\$1,000,000
A	Professional			PHPK666663	12/28/2010	12/28/2011	\$1,000,000 Occurrence	
							\$1,000,000 Aggregate	
C	Property-TIV			P001213913P11030	06/01/2011	06/01/2012	\$29,801,709/Ded \$10000*	

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

Certificate Holder is included as Additional Insured as required by written contract, agreement or permit limited to the General Liability coverage with respects to the Juvenile Justice Program

CERTIFICATE HOLDER

CANCELLATION

PBC Board of County Commissioners, Criminal Justice Commission Att: Becky Walker 301 N. Olive Ave, Suite #1001 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 

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POLICY NUMBER: PHPK666663

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Palm Beach County Board of County Commissioners
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf.

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.