

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
Capital Expenditures					
Operating Costs	\$122,792				
External Revenues	(\$105,000)				
Program Income (County)	(\$17,792)				
In-Kind Match (County)					
Net Fiscal Impact	<u>0</u>				
# ADDITIONAL FTE POSITIONS (Cumulative)	-				

Is Item Included In Current Budget? Yes _____ No X

Budget Account Exp No: Fund Department Unit Object
 Rev No: Fund Department Unit Rev. Source var.

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

Funding for the ESOW contract includes \$105,000 from the SART Program, which is already budgeted in the following account:

Fund: 1426 - FL Dept of Health SART Program fund
 Unit: 3290 - SART Program

Funding generated from the forensic examinations will help offset the balance of \$17,792 from the ESOW contract. The program income is based on an estimated 250 forensic examinations. In the event additional funding is received, the budget will be adjusted at that time.

Departmental Fiscal Review: Stephanie Leprie

III. REVIEW COMMENTS

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

[Signature]
 OFMB
 SW 11/21/11 11/30/11
 11/30/11 11/30/11

[Signature]
 Contract Administration
 12/2/11

B. Legal Sufficiency:

[Signature]
 Assistant County Attorney
 12/5/11

C. Other Department Review:

 Department Director

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

RECEIVED
SEP 21 2011
PUBLIC SAFETY
DEPARTMENT

**CONTRACT FOR
SEXUAL ASSAULT RESPONSE TEAM (SART)
MEDICAL PROVIDER SERVICES**

This Contract is made as of this 26th day of September, 2011, 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 Emergency Specialists of Wellington, LLC hereinafter referred to as the CONTRACTOR, whose Federal I.D. is 20-3568056.

In consideration of the mutual promises contained herein, the COUNTY and the CONTRACTOR agree as follows:

ARTICLE 1 - SERVICES

The CONTRACTOR's responsibility under this Contract is to provide and maintain staff who are necessary for the performance of on-site forensic medical evaluations and exams, as well as such off-site (hospital) exams as necessary, for adults and children that have been victims of sexual assault for COUNTY as more specifically set forth in the Scope of Work/Services, attached hereto as Exhibit A and the Detailed Instruction Outline for Adult/Adolescent Forensic Sexual Assault Examination attached hereto as Exhibits C, D.

The COUNTY's representative/liaison during the performance of this Contract shall be Nicole Bishop, Victim Services Director, telephone number (561) 355-6049.

The CONTRACTOR's representative/liaison during the performance of this Contract shall be David Soria, MD, Chief of Emergency Medicine, telephone number 561-798-8535; 561-866-6444.

ARTICLE 2 - SCHEDULE

The CONTRACTOR shall commence services on September 15, 2011 or on the date when the Agreement has been signed by all parties, whichever is later, and shall continue through June 30, 2012.

Reports and other items shall be delivered and/or completed in accordance with Exhibit C

ARTICLE 3 - PAYMENTS TO CONTRACTOR

- A. 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 contract amount of One Hundred Twenty Two Thousand Seven Hundred Ninety Two Dollars and no cents (\$122,792.00).

The CONTRACTOR shall notify the COUNTY's representative, in writing, when ninety percent (90%) of the "not-to-exceed amount" has been reached. The

CONTRACTOR will bill the COUNTY on a monthly basis, or as otherwise provided, at the amounts set forth in Exhibit B for services rendered toward the completion of the Scope of Work/Services. Where incremental billings for partially completed items are permitted, the total billings shall not exceed the estimated percentage of completion as of the billing date.

- B. Invoices received from the CONTRACTOR pursuant to this Contract will be reviewed and approved by the COUNTY's representative, indicating that services have been rendered in conformity with the Contract. Approved invoices will be sent to the Finance Department for payment. Invoices will normally be paid within thirty (30) days following the COUNTY representative's approval.
- C. Final Invoice: In order for both parties herein to close their books and records, the CONTRACTOR will clearly state "final invoice" on the CONTRACTOR's final/last billing to the COUNTY. This shall constitute CONTRACTOR's certification that all services have been properly performed and all charges and costs have been invoiced to the COUNTY. Any further charges, if not properly included on this final invoice, are waived by the CONTRACTOR.

ARTICLE 4 - TRUTH-IN-NEGOTIATION CERTIFICATE

Signature of this Contract by the CONTRACTOR shall also constitute the execution of a truth-in-negotiation certificate certifying that the wage rates, over-head charges, and other costs used to determine the compensation provided for in this Contract are accurate, complete, and current as of the date of the Contract and no higher than those charged the CONTRACTOR's most favored customer for the same or substantially similar service.

The said rates and costs shall be adjusted to exclude any significant sums should the COUNTY determine that the rates and costs were increased due to inaccurate, incomplete, or noncurrent wage rates or due to inaccurate representation(s) of fees paid to outside contractors. The COUNTY shall exercise its rights under this Article 5 within three (3) years following final payment.

ARTICLE 5 - TERMINATION

This Contract may be terminated by the CONTRACTOR upon sixty (60) days prior written notice to the COUNTY in the event of substantial failure by the COUNTY to perform in accordance with the terms of this Contract through no fault of the CONTRACTOR. It may also be terminated, in whole or in part, by the COUNTY, with or without cause, immediately upon written notice to the CONTRACTOR. Unless the CONTRACTOR is in breach of this Contract, the CONTRACTOR shall be paid for services rendered to the COUNTY's satisfaction through the date of termination. After receipt of a Termination Notice, except as otherwise directed by the COUNTY, in writing, the CONTRACTOR shall:

- A. Stop work on the date and to the extent specified.

- B. Terminate and settle all orders and subcontracts relating to the performance of the terminated work.
- C. Transfer all work in process, completed work, and other materials related to the terminated work to the COUNTY.
- D. Continue and complete all parts of the work which have not been terminated.

ARTICLE 6 – SUBCONTRACTING

The COUNTY reserves the right to accept the use of a subcontractor or to reject the selection of a particular subcontractor and to inspect all facilities of any subcontractors in order to make a determination as to the capability of the subcontractor to perform properly under this Contract. The CONSULTANT is encouraged to seek additional small business enterprises for participation in subcontracting opportunities. If the CONSULTANT uses any subcontractors on this project the following provisions of this Article shall apply:

If a subcontractor fails to perform or make progress, as required by this Contract, and it is necessary to replace the subcontractor to complete the work in a timely fashion, the CONSULTANT shall promptly do so, subject to acceptance of the new subcontractor by the COUNTY.

The Palm Beach County Board of County Commissioners has established a minimum goal for SBE participation of 15% on all County solicitations

The CONSULTANT agrees to abide by all provisions of the Palm Beach County Code establishing the SBE Program, as amended, and understands that failure to comply with any of the requirements will be considered a breach of contract.

The CONSULTANT understands that each SBE firm utilized on this Contract must be certified by Palm Beach County in order to be counted toward the SBE participation goal.

The CONSULTANT shall provide the COUNTY with a copy of the CONSULTANT's contract with any SBE subcontractor or any other related documentation upon request.

The CONSULTANT understands the requirements to comply with the tasks and proportionate dollar amounts throughout the term of this Contract as it relates to the use of SBE firms.

The CONSULTANT will only be permitted to replace a certified SBE subcontractor who is unwilling or unable to perform. Such substitutions must be done with another certified SBE in order to maintain the SBE percentages established in this Contract. Requests for substitutions of SBE's must be submitted to the COUNTY's representative and to the Office of Small Business Assistance.

The CONSULTANT shall be required to submit to the COUNTY Schedule 1 (Participation of SBE-M/WBE Contractors) and Schedule 2 (Letter of Intent) to further indicate the specific participation anticipated, where applicable.

The CONSULTANT agrees to maintain all relevant records and information necessary to document compliance pursuant to Palm Beach County Code, Chapter 2, Article III, Sections 2-71 through 2-80.13 and any revisions thereto, and will allow the COUNTY to inspect such records.

ARTICLE 7 – PERSONNEL

The CONTRACTOR represents that it has, or will secure at its own expense, all necessary personnel required to perform the services under this Contract. Such personnel shall not be employees of or have any contractual relationship with the COUNTY.

All of the services required herein under shall be performed by the CONTRACTOR, or under its supervision, and all personnel engaged in performing the services shall be fully qualified and, if required, authorized or permitted under state and local law to perform such services.

Any changes or substitutions in the CONTRACTOR's key personnel, as may be listed in Exhibit A, attached hereto and incorporated herein, must be made known to the COUNTY's representative and written approval must be granted by the COUNTY's representative before said change or substitution can become effective.

The CONTRACTOR warrants that all services shall be performed by skilled and competent personnel to the highest professional standards in the field.

All of the CONTRACTOR's personnel will comply with all COUNTY requirements governing conduct, safety, and security while on COUNTY premises.

The CONTRACTOR shall be responsible for payment of its own and its share of its employees' payroll, payroll taxes, and benefits with respect to this Contract.

ARTICLE 8 - CRIMINAL HISTORY RECORDS CHECK

The CONTRACTOR shall comply with the provisions of Ordinance 2003-030, the Criminal History Records Check Ordinance ("Ordinance"), if CONTRACTOR's employees are required under this Contract to enter a "critical facility" as identified in Resolution R-2003-1274. The CONTRACTOR acknowledges and agrees that all employees who are to enter a "critical facility" will be subject to a fingerprint based criminal history records check. Although COUNTY agrees to pay for all applicable FDLE/FBI fees required for criminal history record checks, the CONTRACTOR shall be solely responsible for the financial, schedule, and staffing implications associated in complying with Ordinance 2003-030.

ARTICLE 9 - AVAILABILITY OF FUNDS

The COUNTY's performance and obligation to pay under this Contract is contingent upon annual budget appropriations from the State Department of Health to the COUNTY and appropriation by the Board of County Commissioners.

The COUNTY'S performance and obligation to pay under this contract for subsequent fiscal years is contingent upon annual appropriations for its purpose by the Board of County Commissioners.

ARTICLE 10 - INSURANCE REQUIREMENTS

It shall be the responsibility of the CONTRACTOR to provide evidence of the following minimum amounts of insurance coverage to Palm Beach County, c/o Public Safety Department, 20 South Military Trail, West Palm Beach, FL 33415, Attention: Stephanie Sejnoha, Director of Finance and Administrative Services.

The CONTRACTOR shall, on a primary basis and at its sole expense, maintain in full force and effect, at all times during the life of this Contract, insurance coverage and limits (including endorsements) as described herein. Failure to maintain the required insurance will be considered default of the Contract. The requirements contained herein, as well as COUNTY's review or acceptance of insurance maintained by CONTRACTOR are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by CONTRACTOR under the Contract. CONTRACTOR shall agree to provide the COUNTY with at least ten (10) day prior notice of any cancellation, non-renewal or material change to the insurance coverage.

- A. **Commercial General Liability:** CONTRACTOR shall maintain Commercial General Liability at a limit of liability not less than **\$500,000** Each Occurrence. Coverage shall not contain any endorsement(s) excluding Contractual Liability or Cross Liability.
- B. **Workers' Compensation Insurance & Employer's Liability:** CONTRACTOR shall maintain Workers' Compensation & Employer's Liability in accordance with Florida Statute Chapter 440.
- C. **Professional Liability:** CONTRACTOR shall maintain Professional Liability, or equivalent Errors & Omissions Liability, at a limit of liability not less than **\$250,000** Per Occurrence. When a self-insured retention (SIR) or deductible exceeds **\$10,000**, COUNTY reserves the right, but not the obligation, to review and request a copy of CONTRACTOR's most recent annual report or audited financial statement. For policies written on a "Claims-Made" basis, CONTRACTOR warrants the Retroactive Date equals or preceded the effective date of this Contract. In the event the policy is canceled, non-renewed, switched to an Occurrence Form, retroactive date advanced, or any other event triggering the right to purchase a Supplement Extended Reporting Period (SERP) during the life of this Contract, CONTRACTOR shall purchase a SERP with a minimum reporting

period not less than three (3) years. The requirement to purchase a SERP shall not relieve the CONTRACTOR of the obligation to provide replacement coverage. The Certificate of Insurance providing evidence of the purchase of this coverage shall clearly indicate whether coverage is provided on an "occurrence" or "claims – made" form. If coverage is provided on a "claims – made" form the Certificate of Insurance must also clearly indicate the "retroactive date" of coverage.

- D. **Additional Insured Clause:** CONTRACTOR shall endorse the COUNTY as an Additional Insured with a CG 2026 Additional Insured - Designated Person or Organization endorsement, or its equivalent, to the Commercial General Liability. The Additional Insured endorsement shall read "Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents." CONTRACTOR shall provide the Additional Insured endorsements coverage on a primary basis.
- E. **Waiver of Subrogation:** CONTRACTOR hereby waives any and all rights of Subrogation against the COUNTY, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss agreement to waive subrogation without an endorsement, then CONTRACTOR shall notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy which includes a condition to the policy specifically prohibiting such an endorsement or voids coverage should CONTRACTOR enter into such an agreement on a pre-loss basis.
- F. **Certificates of Insurance:** Prior to execution of this Contract, CONTRACTOR shall deliver to the COUNTY'S representative as identified in Article 26, a Certificate(s) of Insurance evidencing that all types and amounts of insurance coverage's required by this Contract have been obtained and are in full force and effect. Such Certificate(s) of Insurance shall include a minimum ten (10) day endeavor to notify due to cancellation or non-renewal of coverage. The certificate of insurance shall be issued to

Palm Beach County
c/o Public Safety Department
Attention: Stephanie Sejnoha
20 South Military Trail
West Palm Beach, FL 33415

- G. **Umbrella or Excess Liability:** If necessary, CONTRACTOR may satisfy the minimum limits required above for either Commercial General Liability, Business Auto Liability, and Employer's Liability coverage under Umbrella or Excess Liability. The Umbrella or Excess Liability shall have an Aggregate limit not less than the highest "Each Occurrence" limit for either Commercial General Liability, Business Auto Liability, or Employer's Liability. The COUNTY shall be specifically endorsed as an "Additional Insured" on the Umbrella or Excess Liability, unless the

Certificate of Insurance notes the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

- H. **Right to Revise or Reject:** COUNTY, by and through its Risk Management Department in cooperation with the contracting/monitoring department, reserves the right to review, modify, reject, or accept any required policies of insurance, including limits, coverage, or endorsements, herein from time to time throughout the term of this Contract. COUNTY reserves the right, but not the obligation, to review and reject any insurer providing coverage because of poor financial condition or failure to operate legally.

ARTICLE 11 - INDEMNIFICATION

CONTRACTOR shall protect, defend, reimburse, indemnify and hold COUNTY, its agents, employees and elected officials harmless from and against any and all claims, liability, loss, expense, cost, damages, or causes of action of every kind or character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, arising during and as a result of their performance of the terms of this Contract or due to the acts or omissions of CONTRACTOR.

ARTICLE 12 - SUCCESSORS AND ASSIGNS

The COUNTY and the CONTRACTOR each binds itself and its partners, successors, executors, administrators and assigns to the other party of this Contract and to the partners, successors, executors, administrators and assigns of such other party, in respect to all covenants of this Contract. Except as above, neither the COUNTY nor the CONTRACTOR shall assign, sublet, convey, or transfer its interest in this Contract, without the prior written consent of the other. Nothing herein shall be construed as creating any personal liability on the part of any officer or agent of the COUNTY, nor shall it be construed as giving any rights or benefits hereunder to anyone other than the COUNTY and the CONTRACTOR.

ARTICLE 13 - REMEDIES

This Contract shall be governed by the laws of the State of Florida. Any and all legal action necessary to enforce the Contract will be held in Palm Beach County. No remedy herein conferred upon any party is intended to be exclusive of any other remedy, and each and every such remedy shall be cumulative and shall be in addition to every other remedy given hereunder now or hereafter existing at law, or in equity, by statute or otherwise. No single or partial exercise by any party of any right, power, or remedy hereunder shall preclude any other or further exercise thereof.

ARTICLE 14 - CONFLICT OF INTEREST

The CONTRACTOR represents that it presently has no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with the performance or services required hereunder, as provided for in Chapter 112, Part III, Florida Statutes

and the Palm Beach County Code of Ethics. The CONTRACTOR further represents that no person having any conflict of interest shall be employed for said performance or services.

The CONTRACTOR shall promptly notify the COUNTY's representative, in writing, by certified mail, of all potential conflicts of interest for any prospective business association, interest or other circumstance which may influence, or appear to influence, the CONTRACTOR's judgment or quality of services being provided hereunder. Such written notification shall identify the prospective business association, interest or circumstance, the nature of work that the CONTRACTOR may undertake and request an opinion of the COUNTY as to whether the association, interest or circumstance would, in the opinion of the COUNTY, constitute a conflict of interest if entered into by the CONTRACTOR. The COUNTY agrees to notify the CONTRACTOR of its opinion by certified mail within thirty (30) days of receipt of notification by the CONTRACTOR. If, in the opinion of the COUNTY, the prospective business association, interest or circumstance would not constitute a conflict of interest by the CONTRACTOR, the COUNTY shall so state in the notification and the CONTRACTOR shall, at its option, enter into said association, interest or circumstance and it shall be deemed not in conflict of interest with respect to services provided to the COUNTY by the CONTRACTOR under the terms of this Contract.

ARTICLE 15 - EXCUSABLE DELAYS

The CONTRACTOR shall not be considered in default by reason of any failure in performance if such failure arises out of causes reasonably beyond the control of the CONTRACTOR, or its subcontractor(s), and without their fault or negligence. Such causes include, but are not limited to: acts of God; force majeure; natural or public health emergencies; labor disputes; freight embargoes; and abnormally severe and unusual weather conditions.

Upon the CONTRACTOR's request, the COUNTY shall consider the facts and extent of any failure to perform the work; and, if the CONTRACTOR's failure to perform was without it or its subcontractors' fault or negligence, the Contract Schedule and/or any other affected provision of this Contract shall be revised accordingly, subject to the COUNTY's rights to change, terminate, or stop any or all of the work at any time.

ARTICLE 16 - ARREARS

The CONTRACTOR shall not pledge the COUNTY's credit or make it a guarantor of payment or surety for any contract, debt, obligation, judgment, lien, or any form of indebtedness. The CONTRACTOR further warrants and represents that it has no obligation or indebtedness that would impair its ability to fulfill the terms of this Contract.

ARTICLE 17 - DISCLOSURE AND OWNERSHIP OF DOCUMENTS

The CONSULTANT shall deliver to the COUNTY's representative for approval and acceptance, and before being eligible for final payment of any amounts due, all documents and materials prepared by and for the COUNTY under this Contract.

To the extent allowed by Chapter 119, Florida Statutes, all written and oral information not in the public domain or not previously known, and all information and data obtained, developed, or supplied by the COUNTY or at its expense will be kept confidential by the CONSULTANT and will not be disclosed to any other party, directly or indirectly, without the COUNTY'S prior written consent unless required by a lawful court order. All drawings, maps, sketches, programs, data base, reports and other data developed, or purchased, under this Contract for or at the COUNTY'S expense shall be and remain the COUNTY'S property and may be reproduced and reused at the discretion of the COUNTY.

All covenants, agreements, representations and warranties made herein, or otherwise made in writing by any party pursuant hereto, including but not limited to any representations made herein relating to disclosure or ownership of documents, shall survive the execution and delivery of this Contract and the consummation of the transactions contemplated hereby.

Notwithstanding any other provision in this Contract, all documents, records, reports and any other materials produced hereunder shall be subject to disclosure, inspection and audit, pursuant to the Palm Beach County Office of the Inspector General, Palm Beach County Code, Sections 2-421 - 2-440, as amended.

ARTICLE 18 - INDEPENDENT CONTRACTOR RELATIONSHIP

The CONTRACTOR is, and shall be, in the performance of all work, services, and activities under this Contract, an Independent Contractor and not an employee, agent, or servant of the COUNTY. All persons engaged in any of the work or services performed pursuant to this Contract shall at all times, and in all places, be subject to the CONTRACTOR'S sole direction, supervision, and control. The CONTRACTOR shall exercise control over the means and manner in which it and its employees perform the work, and in all respects the CONTRACTOR'S relationship, and the relationship of its employees, to the COUNTY shall be that of an Independent Contractor and not as employees or agents of the COUNTY.

The CONTRACTOR does not have the power or authority to bind the COUNTY in any promise, agreement, or representation other than specifically provided for in this Contract.

ARTICLE 19 - CONTINGENT FEES

The CONTRACTOR warrants that it has not employed or retained any company or person, other than a bona fide employee working solely for the CONTRACTOR, to solicit or secure this Contract and that it has not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for the CONTRACTOR, any fee, commission, percentage, gift, or any other consideration contingent upon or resulting from the award or making of this Contract.

ARTICLE 20 - ACCESS AND AUDITS

The CONTRACTOR shall maintain adequate records to justify all charges, expenses, and costs incurred in estimating and performing the work for at least three (3) years after completion or termination of this Contract. The COUNTY shall have access to such books, records, and documents as required in this section for the purpose of inspection or audit during normal business hours, at the CONTRACTOR'S place of business.

Palm Beach County has established the Office of the Inspector General in Palm Beach County Code, Section 2-421 – 2-444, as may be amended. The Inspector General's authority includes but is not limited to the power to review past, present, and proposed County contracts, transactions, accounts and records, to require the production of records, and to audit, investigate, monitor, and inspect the activities of the CONTRACTOR, it's officers, agents, employees, and lobbyists in order to ensure compliance with contract requirements and detect corruption and fraud.

Failure to cooperate with the Inspector General or interference or impeding any investigation shall be in violation of Palm Beach County Code, Section 2-421 – 2-440, and punished pursuant to Section 125.69, Florida Statutes, in the same manner as a second degree misdemeanor.

ARTICLE 21 - NONDISCRIMINATION

The CONTRACTOR warrants and represents that all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, gender identity and expression.

ARTICLE 22 - AUTHORITY TO PRACTICE

The CONTRACTOR hereby represents and warrants that it has, and will continue to maintain, all licenses and approvals required to conduct its business; and, that it will, at all times, conduct its business activities in a reputable manner. Proof of such licenses and approvals shall be submitted to the COUNTY's representative upon request.

ARTICLE 23 - SEVERABILITY

If any term or provision of this Contract or the application thereof to any person or circumstances shall, to any extent, be held invalid or unenforceable, the remainder of this Contract, or the application of such terms or provision to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected, and every other term and provision of this Contract shall be deemed valid and enforceable to the extent permitted by law.

ARTICLE 24 - PUBLIC ENTITY CRIMES

As provided in F.S. 287.132-133, by entering into this Contract or performing any work in furtherance hereof, the CONTRACTOR certifies that it, its affiliates, suppliers, subcontractors and CONTRACTORS who will perform hereunder, have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the thirty-six (36) months immediately preceding the date hereof. This notice is required by F.S. 287.133(3)(a).

ARTICLE 25 - MODIFICATIONS OF WORK

The COUNTY reserves the right to make changes in Scope of Work, including alterations, reductions therein, or additions thereto. Upon receipt by the CONTRACTOR of the COUNTY's notification of a contemplated change, the CONTRACTOR shall, in writing: (1) provide a detailed estimate for the increase or decrease in cost due to the contemplated change; (2) notify the COUNTY of any estimated change in the completion date; and (3) advise the COUNTY if the contemplated change shall affect the CONTRACTOR's ability to meet the completion dates or schedules of this Contract.

If the COUNTY so instructs, in writing, the CONTRACTOR shall suspend work on that portion of the Scope of Work affected by a contemplated change, pending the COUNTY's decision to proceed with the change.

If the COUNTY elects to make the change, the COUNTY shall initiate a Contract Amendment, and the CONTRACTOR shall not commence work on any such change until such written amendment is signed by the CONTRACTOR and approved and executed on behalf of Palm Beach County.

ARTICLE 26 - NOTICE

All notices required in this Contract shall be sent by certified mail (return receipt requested), hand delivered, or sent by other delivery service requiring signed acceptance. If sent to the COUNTY, notices shall be addressed to:

Vincent Bonvento, Assistant County Administrator
Public Safety Department
20 South Military Trail
West Palm Beach, FL 33415

With a copy to:

Palm Beach County Attorney's Office
301 North Olive Ave.
West Palm Beach, FL 33401

If sent to the CONTRACTOR, notices shall be addressed to:

Dr. David Soria
Emergency Specialists of Wellington
10101 Forest Hill Blvd.
Wellington, FL 33414

ARTICLE 27 - ENTIRETY OF CONTRACTUAL AGREEMENT

The COUNTY and the CONTRACTOR agree that this Contract sets forth the entire agreement between the parties, and that there are no promises or understandings other than those stated herein. None of the provisions, terms, and conditions contained in the Contract may be added to, modified, superseded, or otherwise altered, except by written instrument executed by the parties hereto in accordance with Article 25 - Modifications of Work.

ARTICLE 28 - REGULATIONS; LICENSING REQUIREMENTS

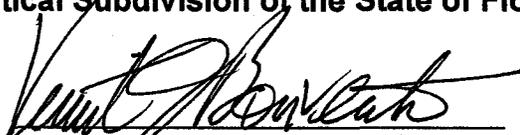
The CONTRACTOR shall comply with all laws, ordinances and regulations applicable to the services contemplated herein, to include those applicable to conflict of interest and collusion. CONTRACTOR is presumed to be familiar with all federal, state and local laws, ordinances, codes and regulations that may in any way affect the services offered.

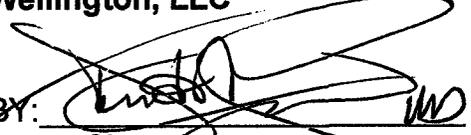
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IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Contract on behalf of the COUNTY and CONTRACTOR has hereunto set its hand the day and year above written.

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

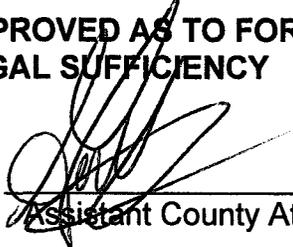
**Emergency Specialists of
Wellington, LLC**

BY: 
Vincent Bonvento, Asst County Administrator
Director of Public Safety

BY:  MD
Signature

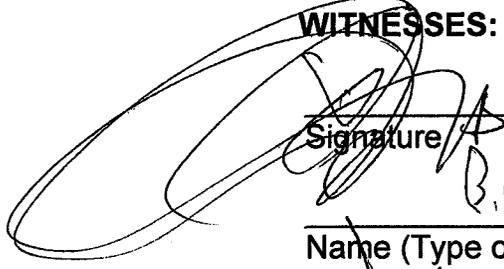
**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

David Soria, MD
Agency's Signatory Name

BY: 
Assistant County Attorney

Chief of Emergency Medicine
Agency's Signatory Title

WITNESSES:


Signature
B.A. Selhamer
Name (Type or Print)

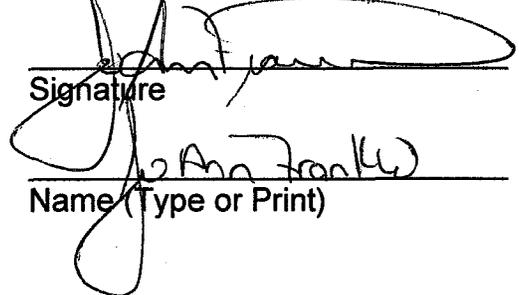

Signature
Jo Ann Frank
Name (Type or Print)

EXHIBIT A
SCOPE OF WORK/SERVICES

CONTRACTOR Name: Emergency Specialists of Wellington, LLC
Program Name: Sexual Assault Response Team Center (SART Center)
Division: Palm Beach County Victim Services and Rape Crisis Center

I. Scope of Services

CONTRACTOR agrees to maintain staff who are necessary for performing on-site forensic medical evaluations, as well as such off-site (hospital) exams as necessary, for adults and for children according to policy outlined in exhibit "C" that have presented as victims of sexual assault for COUNTY. Children served will be victims who do not qualify for services of the Child Protection Team. Services will be provided in accordance with the principles of Medical Ethics of the American Nurses Association, the American Medical Association, and the customs and rules of ethical conduct prescribed by the Florida Nurses Association, the Palm Beach County Medical Association, and the guidelines of the Florida Office of the Attorney General.

CONTRACTOR personnel shall comply with all federal, state, and local laws and regulations, as well as COUNTY policies and procedure regarding the confidentiality of communications and records.

The CONTRACTOR shall provide a Nursing Coordinator who is a trained Sexual Assault Nursing Examiner (SANE) or who meets the minimum criteria to become a trained SANE position who will attend and complete the SANE training scheduled October 31-November 4, 2011 in West Palm Beach. The Nurse Coordinator will work from one or more of the Victim Services Offices. This position will respond as needed to the SART Center forty (40) hours of coverage per week, taking into account time for depositions, taped statements, and other official activities related to their duties at the SART Center. The Nursing Coordinator will also

1. Complete all SANE training required of a Florida SANE position.
2. Administer the day-to-day needs of recruiting, scheduling, and training of the SANE staff;
3. Serve as the back-up to the SANE staff;
4. Maintain resumes of all on-call SANE staff and evidence of current and valid licensure and Nation Provider identifier;
5. Provide a monthly report to include: number of forensic medical and follow-up exams completed; number of on-call responses; average response time to forensic exam site and any other medical facility by specially trained forensic medical examiners; number of depositions and other court-related activities attended; number of public relations, community awareness, and education of law enforcement and community hospital medical personnel and any other such

information as may be necessary to coordinate services within the organization. Such monthly report shall be due to the Director of PBC Victim Services no later than the fifth (5th) of the following month;

6. Attend Palm Beach County Victim Services and SART Project meetings in addition to other necessary meetings for coordination of services;
7. Perform administrative duties for CONTRACTOR in relation to the SART Project.

CONTRACTOR shall provide a minimum of six (6) and no more than eight (8) specially trained forensic medical examiners to provide the following:

1. On-call to provide forensic medical examinations for sexual assault victims twenty-four (24) hours a day, seven (7) days a week;
2. Respond within thirty (30) minutes of notification for performing medical examinations for forensic evidence;
3. Participate in and complete the initial forty (40) hour Sexual Assault Nurse Examiner training provided at no charge by the SART Center Project;
4. Be responsible for any and all required experiences to qualify for the National SANE exam
5. Be responsible for financial obligations for applying and taking SANE certification exams. See attachment "D" for SANE job duties.

The CONTRACTOR shall provide a Medical Director that will be available for

1. Administrative and medical advice and assistance
2. Overall coordination of CONTRACTOR personnel
3. On-call backup in any situation requiring medical expertise
4. Providing medical testimony when such expertise is required by the State Attorney's Office

COUNTY will provide an appropriate forensic exam site and all materials necessary for data collection for all examinations.

COUNTY shall have a staff representative present at the forensic exam site during all examination procedures provided under the terms of this Agreement.

COUNTY shall be responsible for the day-to-day operations, policies and procedures of the Program in which the Nursing Coordinator and any other staff selected by CONTRACTOR participate. CONTRACTOR shall ensure the Nursing Coordinator, and

any other staff selected by CONTRACTOR to participate in the program, adhere to the day-to-day requirements, policies and procedures of the Program as set forth by COUNTY.

CONTRACTOR shall be solely responsible for providing compensation, benefits, supervision and control of the Nursing Coordinator and any other staff appointed by CONTRACTOR to participate in the program. CONTRACTOR shall have final authority relating to hiring and termination of said staff. However, CONTRACTOR shall consult with and seek the input of the COUNTY regarding the hiring or termination of the Nursing Coordinator and any other staff selected by CONTRACTOR to participate in the Program.

EXHIBIT B SCHEDULE FOR PAYMENT

Service/Program: Victim Services Sexual Assault Response Team Project, Medical Provider

Contract Period: September 15, 2011 or on the date when the Agreement has been signed by all parties, whichever is later, and shall continue through June 30, 2012

Payment schedule is based on the following budgeted items:

Full Time RN 1,656 hrs x \$32.00/hr =	\$52,992
SANE Standby \$3/hr x 5400 hrs= 294 days x 24hrs= 7,056 - 1656 = 5400hrs	\$16,200
Forensic Exams \$180 x 150 exams	\$27,000
Medical Provider Fee 2,800 x 9.5 mths = 26,600	\$26,600
TOTAL	\$122,792

Exhibit C

Detailed Instruction Outline for Adult/Adolescent Forensic Sexual Assault Examination

These instructions are meant to serve as a guide for examiners completing forensic exams on sexual assault patients. Documentation forms are attached. (Guidelines provided by the FCASV).

As with any medical procedure, it is important that examiners tailor the exam to suit the circumstances reported by the patient. Important things to remember:

- Medical issues and treatment always take priority over forensic exam evidence collection. If patient needs immediate treatment for physical injury, this should be done first.
- If patient reports circumstances that indicate assault could have been drug facilitated, collect blood and urine samples immediately.
- Patient has the right to refuse any or all parts of the exam at any time.
- Patient has the right to have an advocate present during the exam.
- The exam is free regardless of whether or not the patient is pursuing criminal charges against the offender, although the patient may be responsible for medications and additional healthcare costs.
- Document findings clearly using legible handwriting.
- Label all collection bags and envelopes clearly and throw out any unused collection bags and/or envelopes.
- If additional collection envelopes are needed, open another unused kit and add as necessary or use new paper bags and envelopes from facility.
- Maintain chain of custody at all times.
- If at any time the examiner believes that the patient has an injury that requires immediate medical attention, stop the exam and call the attending physician.
- Fill out all information completely.
- Mark a line through any space for which you have no information.

- If more space is needed to document findings, note it on the form and attach extra sheets of paper.

General Information and Consent and Release
Retain this Form and Do Not Forward to Law Enforcement or Crime Lab

Consent

Examiners must have signed consent from victim or authorized parent/guardian. If the victim is unable to consent due to being incapacitated examiner may not commence with the exam without a court order.

The patient can choose to report the assault to law enforcement or not. For non-reporting victims, evidence storage times in Palm Beach County is 12 months. Have patient sign in the section for evidence preservation.

Examiner can sign as witness.

I. Medical History and Treatment and Follow-Up - Retain this Form and Do Not Forward to Law Enforcement or Crime Lab

Treatment

Discuss and provide STI treatment and prophylaxis as well as emergency contraception after thorough explanation and understanding of medical history and per accepted standards of care.

If available, schedule follow-up medical treatment appointment and provide appropriate referrals.

II. Forensic Examination Page 01 – Provide Copies of this Form and Retain a Copy for Medical Facility

If the patient reports a detail that is not listed as one of the options on the paperwork provided, add an additional sheet of paper and document it.

III. Forensic Examination starts on Page 02 - Provide Copies of this Form and Retain a Copy for Medical Facility Assault Circumstances

Report circumstances regarding the assault in victim's words. For example, patient states "....."

Clothing

A pharmaceutical fold is used when the examiner needs to collect small pieces of trace evidence and they do not have a small evidence container to put them in. To make a pharmaceutical fold, take a sheet of paper and fold it in half. Next, fold the paper in thirds from the front to the back. Now, open up the fold from the front (be sure that there is a bottom) and place trace evidence in fold. After placing trace evidence in the pharmaceutical fold, fold the top toward the back and secure with evidence tape. Put the

entire fold into a paper evidence bag. If necessary, examiner can use an individual container (for example a specimen cup) for trace evidence. Always label evidence clearly.

Label all bags properly. Extra paper bags may be needed. Unused paper bags from the facility are permissible.

Be sure all items are dried as much as possible before packaging. If items are not allowed to fully dry because of time constraints, notify law enforcement officer retrieving evidence which items remain wet and need to be dried.

All envelopes should be sealed with evidence tape – never use saliva to seal an envelope. Initial over evidence tape seal with pen.

Underwear should be placed in individual evidence envelope provided.

IV. Forensic Examination Page 03 - Provide Copies of this Form and Retain a Copy for Medical Facility

Inspect patient's body from head to toe (including scalp, face, back, chest, legs, and feet).

Provide detailed descriptions of any injuries found including point tenderness.

Note injuries found on diagrams provided and include descriptions in notes area. Add additional pages for notes as necessary.

V. Forensic Examination Page 04 - Provide Copies of this Form and Retain a Copy for Medical Facility

Oral swabs are taken in the case of oral assault. Take oral swabs before collecting the buccal swab.

The buccal swab is the patient's standard for DNA. Take the buccal swab after the patient has swished water in their mouth and waited 15 minutes.

Collect dried secretions/stains using swabs moistened with sterile, deionized water; wet secretions/stains do not need to have swabs pre-moistened.

Take fingernail scrapings by moistening a sterile swab and gently rolling the swab under each finger. Use one swab for the left hand and another for the right hand. Package left and right hand fingernail swabs separately.

Patient may assist examiner in oral swab collection by rolling back lips to show mouth injuries, etc.

IV. Forensic Examination Page 05 - Provide Copies of this Form and Retain a Copy for Medical Facility

When photographing injury, be sure that the background is clear of unnecessary items, that there is a clear reference (for example use a ruler) and that the photos have good lighting and are not blurry.

Comb pubic areas. Patient's hair should not be plucked. If there is a visible amount of material matted in the hair, a sample can be cut out.

Take vaginal swabs from vaginal vault. Take cervical swabs directly from the cervix.

Swabs should never be inserted into the anus. Anal folds should be swabbed if anal assault is indicated by patient.

Patient may be asked to pull back foreskin of penis to be inspected when appropriate.

Toluidine blue dye can be used to help examiner visualize small cuts and abrasions on genital areas. The dye does stain and should only be used when examiner finds it necessary.

V. Forensic Examination Page 06 - Provide Copies of this Form and Retain a Copy for Medical Facility

Crime scene photographers may be called in to take photographs of injuries on patient (with the exception of genital areas – these photos should be taken by examiners only) or of other evidence.

EXHIBIT D

PALM BEACH COUNTY SEXUAL ASSAULT RESPONSE TEAM PROJECT MEDICAL PROVIDER SCOPE OF SERVICES SEXUAL ASSAULT NURSE EXAMINER JOB DESCRIPTION

The SANE shall be responsible for providing patient assessment, forensic evidence collection, management of the sexual assault victim, testimony and interaction throughout the judicial process, professional and community training, and participation in SART meetings and activities.

Sexual Assault Evidence Collection Kit Paperwork will be used for documenting all exams.

A Rape Crisis Center Advocate will be present during the exam with the consent of the victim.

1. Assessment of the Sexual Assault Patient

- a. Identify the patient's immediate psychological response to sexual assault.
- b. Identify the risk factors and symptoms of peri-traumatic and/or post-traumatic stress disorder (PTSD).
- c. Identify urgent/emergent medical problems that require medical treatment prior to and/or during the SANE examination.
- d. Obtain and document a pertinent health history.
- e. Obtain and document the reported sexual assault/abuse history.
- f. Perform a head-to-toe physical assessment.
- g. Adapt examination techniques based on the patient's specific need.
- h. Distinguish trauma from disease process and/or normal variations in anatomy.
- i. Assess orifices involved in the sexual assault for trauma.
- j. Assess the patient for indicators of drug-facilitated sexual assault.
- k. Identify, implement and document deviations to usual examination procedures.
- l. Assess and promote safety of the patient during and after the SANE evaluation.
- m. Assess the patient's level of physical, psychological and cognitive development.
- n. Assess the patient for the risk of infection with the human immunodeficiency virus (HIV) and provide information and/or treatment for prophylaxis.
- o. Assess the patient's hepatitis B immunization status and provide information and/or treatment for prophylaxis.
- p. Assess the patient for pregnancy and counsel the patient about emergency contraception options.
- q. Assess the patient's immunization status and offer or refer the patient the immunization if indicated.

2. Evidence Collection and Documentation

- a. Use a systematic method of forensic evidence collection that protects the integrity of the evidence.
- b. Take measures to maintain/protect the chain of custody of the evidence.
- c. Consider issues of timing in collection of forensic evidence and lab specimens.

- d. Collect and record biological and trace evidence from involved orifices and other body areas of contact.
- e. Collect standard samples (e.g. blood, hair, buccal cells) for DNA.
- f. Collect and document clothing and its present condition.
- g. Use written descriptions and body diagrams to document findings.

3. Management of the Sexual Assault Patient

- a. Throughout the examination, provide information, education and support while soliciting feedback from the patient.
- b. Provide the patient with the opportunity for developmentally appropriate control and consent.
- c. Provide crisis intervention and anticipatory guidance to the patient and family members/caregivers.
- d. Facilitate communication when there is a language or other communication barrier.
- e. Offer or provide for testing, prophylaxis and treatment of sexually transmitted infections.
- f. Counsel the patient regarding safe sex precautions to prevent sexually transmitted infection transmission.
- g. Educate the patient about actions and side effects of prophylactic medications.
- h. Consult with or refer to other healthcare providers regarding medical problems identified.
- i. Refer the patient for follow-up counseling, support and/or advocacy services.
- j. Provide follow-up for the patient regarding photo documentation, wound care, lab results, etc.

4. Interact Throughout the Judicial Process

- a. Testify as a fact witness for the prosecution or defense.
- b. Testify as an expert witness for the prosecution or defense.
- c. Testify regarding the integrity of the chain of custody of evidence.
- d. Respond to subpoenas and court orders.
- e. Respond effectively to aggressive/condescending questions when testifying.

5. Professional Practice Issues

- a. Ensure that systems are in place to provide for the safety of the SANE during and after the evaluation.
- b. Implement principles of confidentiality.
- c. Implement principles of informed consent and informed refusal.
- d. Evaluate and utilize current evidence-based practice (e.g. research, quality improvement).

(Information provided by International Forensic Nursing Association and The Forensic Nursing Certification Board, 2011)



CERTIFICATE OF LIABILITY INSURANCE

12/31/2011

DATE (MM/DD/YYYY)
11/21/2011

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 LOCKTON COMPANIES, LLC-N DALLAS 717 N. HARWOOD, LB#27 DALLAS TX 75201 214-969-6700	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Hartford Fire Insurance Company		19682
INSURER B: Hartford Casualty Insurance Company		29424
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
1346926 Practice Support Resources, LLC
Emergency Specialists of Wellington
9229 LBJ Freeway
Dallas TX 75243

COVERAGES PRASU01 X4 CERTIFICATE NUMBER: 11528171 REVISION NUMBER: XXXXXXXX

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 VOID	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	46UUNJW0360	12/31/2010	12/31/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>						\$
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>	Y	Y	46XHUJD9270	12/31/2010	12/31/2011	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 DED <input checked="" type="checkbox"/> RETENTION \$ 10,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	NOT APPLICABLE			WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees & Agents are included as additional insured and waiver of subrogation is provided on general liability and umbrella policies as required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

11528171

Palm Beach County
c/o Public Safety Department
Attn: Stephanie Sejnoha
20 South Military Trail
West Palm Beach FL 33415

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

ACORD 25 (2010/05)

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ACORD™ CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY)
10/21/2011

PRODUCER
DENISE D. BARNES
HEALTHCARE LIABILITY SOLUTIONS, INC.
840 GESSNER, SUITE 500
HOUSTON, TX 77024
PH: 800-732-8619 FAX: 713-343-5025

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.

INSURED
EMERGENCY SPECIALISTS OF WELLINGTON, LLC AND/OR THE EMPLOYED/CONTRACTED PHYSICIANS OF EMERGENCY SPECIALISTS OF WELLINGTON, LLC
10101 FOREST HILL BLVD.
WELLINGTON, FL 33414

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: APPLIED MEDICO-LEGAL SOLUTIONS RRG, INC.	11598
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 ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	N/A	N/A	N/A	EACH OCCURRENCE \$N/A DAMAGE TO RENTED PREMISES (EA. OCCURRENCE) \$N/A MED EXP (Any one person) \$N/A PERSONAL & ADV INJURY \$N/A GENERAL AGGREGATE \$N/A PRODUCTS - COMP/OP AGG \$N/A												
		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	N/A	N/A	N/A	COMBINED SINGLE LIMIT (Ea accident) \$N/A BODILY INJURY (Per person) \$N/A BODILY INJURY (Per accident) \$N/A PROPERTY DAMAGE (Per accident) \$N/A												
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	N/A	N/A	N/A	AUTO ONLY - EA ACCIDENT \$N/A OTHER THAN AUTO ONLY: EA ACC \$N/A AGG \$N/A												
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION	N/A	N/A	N/A	EACH OCCURRENCE \$N/A AGGREGATE \$N/A \$N/A \$N/A \$N/A												
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	N/A	N/A	N/A	<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> <td>\$N/A</td> </tr> <tr> <td colspan="2">E.L. EACH ACCIDENT</td> <td>\$N/A</td> </tr> <tr> <td colspan="2">E.L. DISEASE - EA EMPLOYEE</td> <td>\$N/A</td> </tr> <tr> <td colspan="2">E.L. DISEASE - POLICY LIMIT</td> <td>\$N/A</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	\$N/A	E.L. EACH ACCIDENT		\$N/A	E.L. DISEASE - EA EMPLOYEE		\$N/A	E.L. DISEASE - POLICY LIMIT		\$N/A
WC STATU-TORY LIMITS	OTH-ER	\$N/A																
E.L. EACH ACCIDENT		\$N/A																
E.L. DISEASE - EA EMPLOYEE		\$N/A																
E.L. DISEASE - POLICY LIMIT		\$N/A																
A		OTHER MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE	G-AMS-115163	11/01/11	11/01/12	\$250,000 PER CLAIM \$750,000 ANNUAL AGGREGATE												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
THIS POLICY PROVIDES COVERAGE FOR ALL MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED BY THE ABOVE NAMED INSURED, ONLY WHILE THEY ARE WORKING FOR OR ON BEHALF OF THE NAMED INSURED.
 THE NAMED INSURED AND PHYSICIAN EXTENDERS SHARE IN THE PHYSICIANS LIMITS OF LIABILITY UNDER THE POLICY.
 RETROACTIVE DATE: 11/01/05

CERTIFICATE HOLDER

EMERGENCY SPECIALISTS OF WELLINGTON, LLC AND/OR THE EMPLOYED/CONTRACTED PHYSICIANS OF EMERGENCY SPECIALISTS OF WELLINGTON, LLC
 10101 FOREST HILL BLVD.
 WELLINGTON, FL 33414

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE 

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 BBVA Compass Ins. Agency, Inc. Dallas Office #972-889-6000 9101 LBJ Freeway Suite 300 Dallas, TX 75243	CONTACT NAME: Honey Counts PHONE (A/C, No, Ext): 972 889-6000 FAX (A/C, No): 972 889-6093 E-MAIL ADDRESS: honey.counts@bbvacompass.com	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED PSR, LLC dba Practice Support Resources Emergency Specialists of Wellington, LLC 12700 Park Central Drive, 9th Floor Dallas, TX 75251	INSURER A: Hartford Underwriters Insurance 30104	
	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
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			46WEZT3948	01/01/2011	01/01/2012	X WC STATUTORY LIMITS 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
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)							

CERTIFICATE HOLDER Insured's Copy	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Keith Montgomery</i>

12- 0141

BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET Amendment

BGEX 1014110000000000079
BGRV 1014110000000000019

FUND 1426 - Public Safety Grants

Use this form to provide budget for items not anticipated in the budget.

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED as of 10/26/2011	REMAINING BALANCE
Revenue								
1426-662-3290-6999	Other Miscellaneous Revenue	0	0	17,792	0	17,792	0	17,792
	Total Revenue and Balance	<u>287,651</u>	<u>1,168,313</u>	<u>17,792</u>	<u>0</u>	<u>1,186,105</u>		
Expense								
1426-662-3290-3103	Medical/Health Care Services	0	105,000	17,792	0	122,792	0	122,792
	Total Appropriation and Expenditures	<u>287,651</u>	<u>1,168,313</u>	<u>17,792</u>	<u>0</u>	<u>1,186,105</u>		

Attachment # 2

PUBLIC SAFETY ADMINISTRATION
INITIATING DEPARTMENT/DIVISION
Administration/Budget Department Approval
OFMB Department - Posted

Signatures	Date
<i>Stephan Seimors</i>	10/26/11
<i>[Signature]</i>	11/2/11

By Board of County Commissioners
At Meeting of _____
12/6/2011
Deputy Clerk to the
Board of County Commissioners

RECEIVED
NOV 21 2011
PUBLIC SAFETY
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