

II. FISCAL IMPACT ANALYSIS

A. FIVE YEAR SUMMARY OF FISCAL IMPACT

FISCAL YEAR	2012	2013	2014	2015	2016
CAPITAL EXPENDITURES	_____	_____	_____	_____	_____
OPERATING COSTS	_____	_____	_____	_____	_____
EXTERNAL REVENUES	<u>\$5,000</u>	_____	_____	_____	_____
PROGRAM INCOME (County)	_____	_____	_____	_____	_____
IN-KIND MATCH (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>\$5,000</u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

IS ITEM IN ADOPTED BUDGET? YES ___ NO X

BUDGET ACCOUNT NO: FUND ___ AGENCY ___ ORG ___ OBJECT ___

B. RECOMMENDED SOURCES OF FUNDS/SUMMARY OF FISCAL IMPACT:

The fiscal impact from this contract extension will be \$5,000 of additional revenue to the County.

C. DEPARTMENTAL FISCAL REVIEW: ms 4/25/12

III. REVIEW COMMENTS

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

[Signature] 4/1/2012
 OFMB WS 4/27/12
 4/24 5/4/30/12

[Signature] 5/3/12
 Contract Development & Control
 5-2-12 B. [Signature]

B. LEGAL SUFFICIENCY:

[Signature] 5/4/12
 Assistant County Attorney

C. OTHER DEPARTMENT REVIEW:

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

**SECOND AMENDMENT TO
CONTRACT (R-2008-1566) FOR PROFESSIONAL SERVICES**

THIS SECOND AMENDMENT to the CONTRACT (R-2008-1566) is made as of this _____ day of _____, 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 PRIDE INTEGRATED SERVICES, INC., a not-for-profit corporation authorized to do business in the State of Florida, hereinafter referred to as PRIDE, whose Federal I.D. is 23-7098114.

WITNESSETH:

WHEREAS, the COUNTY has a contract with PRIDE for Misdemeanor Probation services for a three-year period effective December 6, 2008 through December 5, 2011, which was extended until June 5, 2012 by R-2011-1660; and

WHEREAS, the COUNTY'S Criminal Justice Commission (CJC), has recommended to continue the contract with PRIDE to provide professional/consultation services in the area of Misdemeanor Probation; and

WHEREAS, the parties mutually desire to further extend the Contract until December 5, 2012; and

WHEREAS, upon execution of this Second Amendment granting an extension of the contract term, PRIDE will pay the COUNTY the annual fee of \$5,000 for the CJC costs associated with monitoring the contract and auditing PRIDE case files on an annual basis; and

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

1. The above recitals are true, correct and incorporated herein.
2. The term of the Contract is further amended to provide that the Contract shall continue until December 5, 2012.
3. The transition process shall be the last sixty days (60) to run concurrently with the term of the Second Amendment and shall be a transition wherein PRIDE shall transfer all cases and for all current clients to be notified of the change.
4. Upon execution of this Second Amendment granting an extension of the contract term, PRIDE will pay the COUNTY the annual fee of \$5,000 for the CJC costs associated with monitoring the contract and auditing PRIDE case files on an annual basis.

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.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

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 PRIDE has hereunto set its hand the day and year above written.

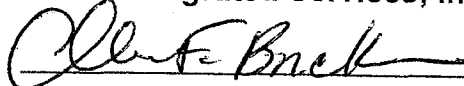
ATTEST:
SHARON R. BOCK, Clerk & Comptroller

**PALM BEACH COUNTY
BOARD OF
COMMISSIONERS:**

By: _____
Deputy Clerk

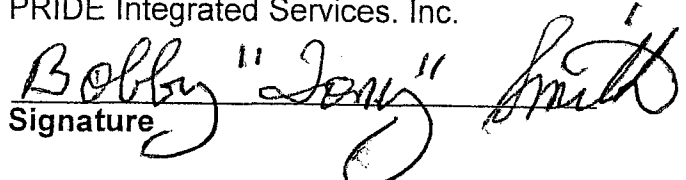
By: _____
Shelley Vana, Chair

**PRIDE
PRIDE Integrated Services, Inc.**



Signature

Maureen F. Brickous
Chief Executive Officer
PRIDE Integrated Services, Inc.



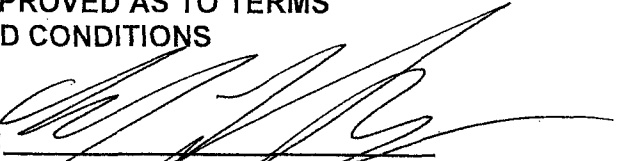
Signature
Chair, Board of Directors

(corp. seal)

**APPROVED AS TO FORM
AND LEGAL SUFFICIENCY**

By: _____
County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**

By: 

Michael L. Rodriguez
Executive Director



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/26/2012

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 Wells Fargo Insurance Services Southeast 2054 Vista Parkway, Suite 400 West Palm Beach FL 33411-2718	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE	
INSURED Pride Integrated Services Inc 1310 N Congress Avenue West Palm Beach FL 33409 (561) 586-6432	INSURER A: Alliance of Nonprofits for Ins, NAIC # 10023	
	INSURER B: CastlePoint Florida Insurance Co 13599	
	INSURER C: Travelers	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: Cert ID 276704 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 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			201131113	9/6/2011	9/6/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			201131113	9/6/2011	9/6/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCP761068100	4/6/2012	4/6/2013	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional E&O			201131113	9/6/2011	9/6/2012	\$1,000,000 \$ 3,000,000

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 and agents are named as additional insured per form CG2026 (form attached)

CERTIFICATE HOLDER

Palm Beach County Board of Commissioners
301 N Olive
12th floor
West Palm Beach FL 33401

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

Rick Barnes

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ACORD 25 (2010/05)

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