



**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2013	2014	2015	2015	2017
Capital Expenditures					
Operating Costs	3,838,789				
External Revenue					
Program Income					
In-Kind Match (County)					
<b>NET FISCAL IMPACT</b>	<b>3,838,789</b>				

# ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget: Yes X No \_\_\_\_\_  
 Budget Account No.: Fund 0001 Dept. 148 Unit 1221 Obj. 3401  
 Program Code \_\_\_\_\_ Program Period: \_\_\_\_\_

**B. Recommended Sources of Funds/Summary of Fiscal Impact:**  
 Funding source is Palm Beach County. Sufficient funding is included in the current budget to meet County obligations.

**C. Departmental Fiscal Review:** DM  
 Taruna Mathotra, Director, Financial & Support Svcs.

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Development and Control Comments:**

OFMB [Signature] 9/17/12  
 Contract Development and Control [Signature] 9/28/12  
 9-28-12 [Signature]  
 (5) [Signature]

**B. Legal Sufficiency:**

[Signature]  
 Chief Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

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

**AMENDMENT TO  
CONTRACT FOR PROVISION OF SERVICES**

**THIS AMENDMENT TO CONTRACT FOR PROVISION OF SERVICES** (R2012 0612; dated May 1, 2012) made and entered into at West Palm Beach Florida. On this \_\_\_\_\_ day of \_\_\_\_\_, 2012 by and between, PALM BEACH COUNTY, a political subdivision of the state of Florida hereinafter referred to as "COUNTY" and the Gulfstream Goodwill Industries, Inc., hereinafter referred to as the "AGENCY", a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 1715 East Tiffany Drive, West Palm Beach, Florida 33407.

**WITNESSETH:**

**WHEREAS**, the AGENCY has agreed to provide services in the Senator Philip D. Lewis Center hereinafter referred to as The Lewis Center; whereas the need exists to amend the contract to increase the total contract amount.

**NOW THEREFORE**, the above named parties hereby mutually agree that the Contract entered into on May 1, 2012 is hereby amended as follows:

- I. Article 2 is hereby amended to read, The AGENCY shall commence services on October 1, 2012 and complete services on September 30, 2013.
- II. Article 3 is hereby amended to read, an amount not to exceed Two Million Sixty Three Thousand and Thirty Four Dollars (\$2,063,034).
- III. Exhibit "B" Pages 1 and 2 is hereby replaced by "B-2" Pages 1 and 2 attached hereto and made a part thereof.
- IV. Exhibit "D" is hereby replaced by "D-2" attached hereto and made 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 the 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:

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

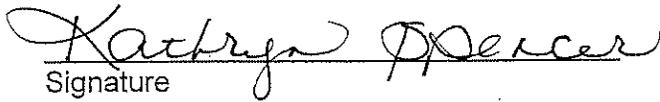
BOARD OF COUNTY COMMISSIONERS

BY: \_\_\_\_\_  
Clerk & Comptroller

BY: \_\_\_\_\_  
Shelley Vana, Chair

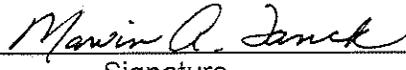
WITNESS:

AGENCY:

  
Signature

Gulfstream Goodwill Industries, Inc.  
AGENCY's Name Typed

Kathryn Spencer  
Name Typed

BY:   
Signature

59-1197040

Marvin A. Tanck

AGENCY's Federal ID Number

AGENCY's Signatory Name Typed

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

Executive Director and CEO  
AGENCY's Signatory Title Typed

By: \_\_\_\_\_  
Chief Assistant County Attorney

APPROVED AS TO TERMS AND CONDITIONS Department of Community Services

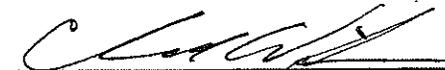
  
Channel Wilkins, Director

EXHIBIT B-2 (Page 1)  
**UNITS OF SERVICES AND BUDGET ALLOCATION**

Agency: Gulfstream Goodwill Industries  
 Service/Program: Phillip D. Lewis Center

Definition of a Unit of Service for The Lewis Center	Number of Units of Service	Cost Per Unit of Service
<p><b>The Lewis Center Operations:</b> A unit of service is defined as one day of service. Operations includes but is not limited to: <u>Case Management</u> which encompasses: outreach &amp; engagement, program eligibility determination, intake &amp; assessment housing &amp; service plan development, case note entry, linkage &amp; referral to community &amp; mainstream resources, case management sessions, obtaining ID's, referral &amp; linkage to housing placement, job placement assistance, legal assistance, credit repair &amp; budgeting, financial assistance, monitoring, and evaluating program participant performance, data entry into CMIS, clinical case management supervision, clinical risk management supervision, attendance of meetings &amp; staffing, rapid re-housing placement &amp; follow up, initial and ongoing professional training &amp; certification/ licensing fees, computer, cell phone utilization, and mileage. <u>Housing Services</u> which encompasses 24 hour supervision of residents, tracking bed utilization, meal coordination, oversight of laundry services and onsite laundry equipment, coordination of hot box and room heaters (bed bugs), logging and securing of participant's belongings, room assignments, coordination of life skills training, coordination of computer utilization by participants and computer supplies, coordination of participant supplies, coordination of housing inspections and landlord negotiations for Rapid Re-Housing. <u>Engagement</u> services which activities that build relationships with homeless persons and families, data entry into CMIS. <u>Operations</u> which conducting &amp; evaluating background screenings, coordination of screening for weapons, coordination of day-to-day operations and on-site services, coordination of neighborhood meetings and issues, marketing The Lewis Center, conducting outreach to provide community education, attendance at agency, The Lewis Center, and/or homeless service provider meetings, preparation and distribution of reports as required, coordination of volunteers &amp; clothes closet, coordination of security and transportation, coordination of reception services and 24-hour phone line, coordination of health care services. <u>Nursing</u> services which encompasses a health screening and evaluation, first aid, maintain medical records, referral and linkage to medical services. <u>Transportation</u> services which encompasses conducting travel for participants, laundry and meals, fuel, insurance, ongoing maintenance and tracking and recording of mileage as well as bus passes and gas vouchers.</p>	365	\$4,515.82

Definition of a Unit of Service for The Lewis Center	Number of Units of Service	Cost Per Unit of Service
<p><b>Administration:</b> A unit of service is defined as day of operations. Management and Administrative expenses are calculated and compared to Program and Service expenses. The Management and Administrative expenses include the executive, accounting, community relations, personnel, board of directors, management information systems, housing and occupancy, maintenance and risk management departments.</p>	251	\$747.21

**BUDGET ALLOCATIONS:**

Operations Authorized	\$ 1,648,271
Leasing & Utilities (Off Site) Authorized	\$ 227,215
Administration Authorized	\$187,548
<b>Total Authorized</b>	<b>\$ 2,063,034</b>

Unit Cost expenses shall mean the actual expenses as authorized by the COUNTY pursuant to this contract, and reasonably incurred by AGENCY directly in connection with AGENCYs performance of its duties and Scope of Work pursuant to this Contract. AGENCY will sustain the program for the full contract period regardless of the rate of expenditure of above funds. Reimbursement for leasing costs will be based on actual costs not to exceed current Fair Market Rent (FMR). Reimbursement for security and utility deposits will be based on actual costs. Back-up documentation for actual expenditures will be reviewed at the time of on-site monitoring.

**Monthly Allocation Worksheet**  
**Palm Beach County Department of Community Services**  
**Division of Human Services FY \_\_\_\_\_**

Reimbursement Month and Year: \_\_\_\_\_

Agency Name:

Contract Year:

Service Dates:

Program/Service	Contract Amount		Current Month Utilization			Year to Date Utilization			Contract Balance
	Cost per Unit	Total	# of Units	Cost per Unit	Total	# of Units	Cost per Unit	Total	Total
Operations									
Leasing Expenses									
Utility Payments									
Administration									
<b>TOTAL</b>									

Current Request Total: \$ \_\_\_\_\_

**Certification:** I certify that I have reviewed this Request for Reimbursement/Monthly Allocation Worksheet and that all items shown above are in accordance with the signed contact.

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Date



**AMENDMENT TO  
CONTRACT FOR PROVISION OF SERVICES**

**THIS AMENDMENT TO CONTRACT FOR PROVISION OF SERVICES** (R2012 0613; dated May 1, 2012, R 2012-0613; dated September 11, 2012) made and entered into at West Palm Beach Florida. On this \_\_\_\_\_ day of \_\_\_\_\_, 2012 by and between PALM BEACH COUNTY, a political subdivision of the state of Florida hereinafter referred to as "COUNTY" and the Adopt-A-Family of the Palm Beaches, Inc., hereinafter referred to as the "AGENCY", a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 1712 2<sup>nd</sup> Avenue North, Lake Worth, Florida 33460.

**WITNESSETH:**

**WHEREAS**, the AGENCY has agreed to provide services in the Senator Philip D. Lewis Center hereinafter referred to as The Lewis Center; whereas the need exists to amend the contract to increase the total contract amount.

**NOW THEREFORE**, the above named parties hereby mutually agree that the Contract entered into on May 1, 2012 is hereby amended as follows:

- I. Article 2 is hereby amended to read, The AGENCY shall commence services on October 1, 2012 and complete services on September 30, 2013.
- II. Article 3 is hereby amended to read, an amount not to exceed One Million Four Hundred Thirty One Thousand and Eighty Seven Dollars (\$1,431,087).
- III. Exhibit "B2" Pages 1 and 2 is hereby replaced by "B-3" Pages 1 and 2 attached hereto and made a part thereof.
- IV. Exhibit "D" is hereby replaced by "D-3" attached hereto and made part thereof.

**OTHER PROVISIONS:**

All provisions in the Contract or exhibits to the Contract in conflict with this Second Amendment to the Contract shall be and are hereby changed to conform to the 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:

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: \_\_\_\_\_  
Shelley Vana, Chair

WITNESS:

AGENCY:

Matthew Constantine  
Signature

Adopt-A-Family of the Palm Beaches, Inc  
AGENCY's Name Typed

Matthew Constantine  
Name Typed

BY: Wendy Tippet  
Signature

59-2471253

Wendy Tippet

AGENCY's Federal ID Number

AGENCY's Signatory Name Typed

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

Executive Director  
AGENCY's Signatory Title Typed

By: \_\_\_\_\_  
Chief Assistant County Attorney

APPROVED AS TO TERMS AND CONDITIONS Department of Community Services

Channel Wilkins  
Channel Wilkins, Director

## UNITS OF SERVICES AND BUDGET ALLOCATION

Agency: Adopt-A-Family: The Lewis Center

Definition of a Unit of Service for The Lewis Center	Number of Units of Service	Cost Per Unit of Service
<p><b>Mobilization-</b> Start up for this contract period at the Lewis Center. Mobilization funds must be expended on Lewis Center eligible activities as defined by Scope of Work. Any mobilization funds approved by the COUNTY to be carried forward through a contract extension will be expended on Lewis Center participants within the contract renewal period.</p>	1	\$51,000
<p><b>Lewis Center Operations:</b> A unit of service is defined as one day of operation. Operations includes but is not limited to: <u>Case Management</u> which encompasses outreach, program eligibility determination, intake &amp; assessment, data entry, housing &amp; service plan development, case note entry, linkage &amp; referral to community &amp; mainstream resources, case management sessions, obtaining food vouchers, referral and linkage to housing placement, job placement assistance, legal assistance, credit repair &amp; budgeting, financial assistance, monitoring &amp; evaluating program participant performance, data entry into CMIS, clinical case management supervision, clinical risk management supervision, attendance of meetings &amp; staffing, ongoing rapid re-housing aftercare, initial &amp; ongoing professional training &amp; certification/ licensing fees, computer, cell phone utilization, &amp; mileage. <u>Housing Services</u> which encompasses tracking of interim bed utilization, coordination regarding on- site laundry services &amp; onsite laundry equipment, logging &amp; securing of participant's belongings, computer utilization by participants &amp; computer supplies &amp; participant supplies, coordination of hotel/motel utilization, coordination of available permanent housing options including inspections &amp; landlord negotiations, coordination of available community resources. <u>Engagement</u> services encompass: activities that build relationships with homeless persons and families, data entry into CMIS. <u>Operation</u> services encompass conducting &amp; evaluating background screenings, hiring &amp; supervision of Lewis Center Staff, coordination with Gulfstream Goodwill regarding screening for weapons, hot box (bed bugs) utilization, day to day operations with on-site services, attendance at neighborhood meetings and issues addressed at neighborhood meetings, marketing The Lewis Center,</p>	365	\$2,143.53

Definition of a Unit of Service for Homeless Resource Center	Number of Units of Service	Cost Per Unit of Service
conducting outreach to provide community education, attendance at agency, Lewis Center, and/or homeless service provider meetings, preparation and distribution of reports as required, development and oversight of Policies and Procedures for The Lewis Center Family Services. <u>Transportation</u> services encompass conducting travel for participants, fuel, insurance, ongoing maintenance and tracking and recording of mileage as well as obtaining bus passes and gas vouchers.		
<b>Administration:</b> A unit of service is defined as a day of operation. Administrative services encompass: participation in neighborhood meetings, conducting or participating in The Lewis Center related fund raising events, evaluation of fiscal, grant, CMIS, and funding reports as required, grant writing and budget preparation (to support housing programs/interventions to benefit The Lewis Center clients, payment of leases & utilities, general fiscal accounting and auditing of expenditures, supervision of staff, internal organizational meetings, cell phone utilization, and mileage.	251	\$518.32

**BUDGET ALLOCATIONS:**

Mobilization Authorized	\$51,000
Lewis Center Operations Authorized	\$782,388
Hotel/Motel Authorized	\$201,600
Leasing and Utility (Off Site) Authorized	\$216,000
Family Reunification Authorized	\$50,000
Administration Authorized	\$130,099

**Total Authorized** **\$1,431,087**

Unit Cost expenses shall mean the actual expenses as authorized by the COUNTY pursuant to this contract, and reasonably incurred by AGENCY directly in connection with AGENCYs performance of its duties and Scope of Work pursuant to this Contract. AGENCY will sustain the program for the full contract period regardless of the rate of expenditure of above funds. Reimbursement for leasing costs will be based on actual costs not to exceed current Fair Market Rent (FMR). Reimbursement for security and utility deposits will be based on actual costs. Back-up documentation for actual expenditures will be reviewed during desk audits and on-site monitoring.

**Monthly Allocation Worksheet**  
**Palm Beach County Department of Community Services**  
**Division of Human Services FY \_\_\_\_\_**

Reimbursement Month and Year: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Contract Year: \_\_\_\_\_

Service Dates: \_\_\_\_\_

Program/Service	Contract Amount		Current Month Utilization			Year to Date Utilization			Contract Balance
	Cost per Unit	Total	# of Units	Cost per Unit	Total	# of Units	Cost per Unit	Total	Total
Mobilization									
Operations									
Hotel/Motel									
Leasing Expenses									
Family Reunification									
<b>THE LEWIS CENTER TOTAL</b>									

Current Request Total: \$ \_\_\_\_\_

**Certification:** I certify that I have reviewed this Request for Reimbursement/Monthly Allocation Worksheet and that all items shown above are in accordance with the signed contact.

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Date





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/30/2012

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).

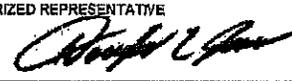
<b>PRODUCER</b> Doug Jones c/o Artex Risk Solutions, Inc. 8800 E. Chaparral Rd, Suite 230 Scottsdale, AZ 85250	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (480) 951-4177      FAX (A/C, No): (480) 951-4266 E-MAIL ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Oasis Acquisition, Inc. All Emp: ADOPT-A-FAMILY OF THE PALM BEACHES, INC. 2054 Vista Parkway Suite 300 West Palm Beach, FL 33411	<b>INSURER A:</b> American Zurich Insurance Company      NAIC # 40142	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 12FL075731618      **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
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL 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 AGE \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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 \$ \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC 29-38-887-10	06/01/2012	06/01/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
				Location Coverage Period:	06/01/2012	06/01/2013	Client# 1457-MAIN

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Coverage is provided for only those employees leased to but not subcontractors of:  
 ADOPT-A-FAMILY OF THE PALM BEACHES, INC.  
 1712 2ND AVE N  
 LAKE WORTH, FL 33460

<b>CERTIFICATE HOLDER</b> Palm Beach County Board of County Commissioners c/o Community Services Department 810 Datura Street West Palm Beach, FL 33401	<b>CANCELLATION</b> 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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**AMENDMENT TO  
CONTRACT FOR PROVISION OF SERVICES**

**THIS AMENDMENT TO CONTRACT FOR PROVISION OF SERVICES** (R2012 0612; dated May 1, 2012) made and entered into at West Palm Beach Florida. On this \_\_\_\_\_ day of \_\_\_\_\_, 2012 by and between PALM BEACH COUNTY, a political subdivision of the state of Florida hereinafter referred to as "COUNTY" and The Lord's Place Inc., hereinafter referred to as the "AGENCY", a not-for-profit corporation, entitled to do business in the State of Florida, whose address is P. O. Box 3265 West Palm Beach, Florida 33402

**WITNESSETH:**

**WHEREAS**, the AGENCY has agreed to provide services in the Senator Philip D. Lewis Center hereinafter referred to as The Lewis Center; whereas the need exists to amend the contract to increase the total contract amount.

**NOW THEREFORE**, the above named parties hereby mutually agree that the Contract entered into on May 1, 2012 is hereby amended as follows:

- I. Article 2 is hereby amended to read, The AGENCY shall commence services on October 1, 2012 and complete services on September 30, 2013.
- II. Article 3 is hereby amended to read, an amount not to exceed Three Hundred Forty Four Thousand Six Hundred and Sixty Eight Dollars (\$344,668).
- III. Exhibit "B" Pages 1 and 2 is hereby replaced by "B-2" Pages 1 and 2 attached hereto and made a part thereof.
- IV. Exhibit "D" is hereby replaced by "D-2" attached hereto and made 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 the amendment.

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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 AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:

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

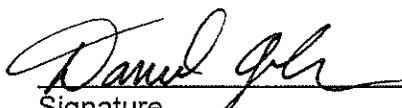
BOARD OF COUNTY COMMISSIONERS

BY: \_\_\_\_\_  
Clerk & Comptroller

BY: \_\_\_\_\_  
Shelley Vana, Chair

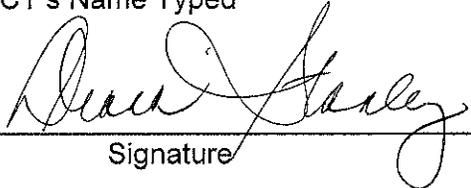
WITNESS:

AGENCY:

  
Signature

The Lord's Place, Inc.  
AGENCY's Name Typed

DANIEL GIBSON  
Name Typed

BY:   
Signature

59-2240502

Diana L. Stanley

AGENCY's Federal ID Number

AGENCY's Signatory Name Typed

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

Chief Executive Officer  
AGENCY's Signatory Title Typed

By: \_\_\_\_\_  
Chief Assistant County Attorney

APPROVED AS TO TERMS AND CONDITIONS Department of Community Services

  
Channel Wilkins, Director

## UNITS OF SERVICES AND BUDGET ALLOCATION

Agency: The Lord's Place

Definition of a Unit of Service for The Lewis Center	Number of Units of Service	Cost Per Unit of Service
<p><b>HRC Navigations:</b> A unit of service is defined as one day of operations. Navigation includes but is not limited to: Referral services for at-risk and homeless families and individuals to the Homeless Resource Center, activities that build relationships with homeless persons and families, intake, transportation, linkage &amp; referral to community &amp; mainstream resources, data entry into CMIS, attendance at meetings &amp; staffing, conducting background screenings, hiring &amp; supervision of staff that will be at serving HRC clients, coordination with Gulfstream Goodwill, attendance at neighborhood meetings and issues addressed at neighborhood meetings, marketing HRC, conducting outreach to provide community education, attendance at agency, HRC, and/or homeless service provider meetings, preparation and distribution of reports as required, development and oversight of Policies and Procedures for the HRC Navigation Services.</p>	251	\$507.65
<p><b>Job Training and Placement</b> A unit of training is defined as completion of full training program.</p> <p><u>Job Training</u> encompasses services and transportation geared toward empowering clients to learn soft and hard skills necessary to re-enter the community as competitive employees living independently; assess and assist in the creation of an individualized career plans. A client could attend one or more of the following: <u>Life Skills/Pre-Employment Workshops</u> encompass individual and group trainings that are designed for clients who lack the skills to begin traditional employment services. May address various needs, including: basic skills, independent living skills, social skills, motivational barriers, anger management, basic job searching, trigger points for relapse, computer literacy, interview skills, conflict resolution, and/or assisting participants to develop realistic vocational goals and a vocational plan. Life skills workshops can be tailored to individual participants' abilities and goals. <u>Job Readiness Course</u> encompasses a 40-hour Job Readiness class for individuals with multiple barriers to employment which includes basic skills necessary for clients to obtain and maintain employment, utilizing small class sizes, which allow for individual attention.</p> <p>Curriculum includes: goal setting, interview skills, how to respond appropriately to common and challenging interview</p>	158.60	\$794.00

EXHIBIT B2 (Page 2)

Definition of a Unit of Service for The Lewis Center	Number of Units of Service	Cost Per Unit of Service
<p>questions, resume and cover letter writing, basic computer skills, how to conduct an effective job search, overcoming barriers to employment such as criminal backgrounds and educational limitations, and obtaining appropriate clothing and materials for an interview and employment. Mock interviews are held with community leaders who conduct job interviews and provide constructive feedback. <u>Apprenticeships:</u> encompasses 8-12 weeks of training in five apprenticeships (vocational training) to further enhance their skills: Clerical, Culinary, Property Maintenance, Peer Advocacy, and Retail.</p>		
<p>A unit of job placement is defined as pre-employment activities &amp; obtaining actual employment.  <u>Job Placement:</u> Job Coaches and Job Training Instructors will share the responsibility of assessments of client's employability. A Job Coach is assigned to a client ready to begin job searching activities. Job Coaches will include: Intake and assessments, development of career plans including mapping and monitoring job search activities, referral to Job Readiness Course, referral to Life Skills Program, assist individuals to complete job applications, monitor job searching through print media, internet, and leads from Job Development staff, track clients activities on a weekly basis and follow-up with clients and employers, to advocate and support clients post-placement, one-on-one counseling to prepare clients for job interviews and the reality of all aspects related to gaining and maintaining successful employment and post placement follow-up and support services. Job Placement includes securing appropriate employment through a Job Developer who has relationships with employers in the community. The Job Developer works closely with the Job Coaches and participants to identify employers to best match the participants' employment skills.</p>	40	\$1500
<p><b>Administration:</b> A unit of service is defined as day of operations. Administrative services encompass: participation in neighborhood meetings, conducting or participating in HRC related fund raising events, evaluation of fiscal, grant, CMIS, and funding reports as required, grant writing, payment of leases, security deposits &amp; utilities, general fiscal accounting and auditing of expenditures, supervision of staff, cell phone utilization, and mileage.</p>	251	\$124.84

**BUDGET ALLOCATIONS:**

<b>Navigation Authorized</b>	<b>\$127,420</b>
<b>Job Training Authorized</b>	<b>\$125,915</b>
<b>Job Placement Authorized</b>	<b>\$ 60,000</b>
<b>Administration Authorized</b>	<b>\$ 31,333</b>
<b>TOTAL Authorized</b>	<b>\$344,668</b>

Unit Cost expenses shall mean the actual expenses as authorized by the COUNTY pursuant to this contract, and reasonably incurred by AGENCY directly in connection with AGENCYs performance of its duties and Scope of Work pursuant to this Contract. Reimbursement for services will be based on actual costs. Back-up documentation for actual expenditures will be reviewed during desk audit and on-site monitoring. AGENCY will sustain the program for the full contract period regardless of the rate of expenditure of above funds.

**Monthly Allocation Worksheet**  
**Palm Beach County Department of Community Services**  
**Division of Human Services FY \_\_\_\_\_**

Reimbursement Month and Year: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Contract Year: \_\_\_\_\_

Service Dates: \_\_\_\_\_

Program/Service	Contract Amount		Current Month Utilization			Year to Date Utilization			Contract Balance
	Cost per Unit	Total	# of Units	Cost per Unit	Total	# of Units	Cost per Unit	Total	Total
Navigation									
Job Training									
Job Placement									
Administration									
<b>HRC TOTAL</b>									

Current Request Total: \$ \_\_\_\_\_

**Certification:** I certify that I have reviewed this Request for Reimbursement/Monthly Allocation Worksheet and that all items shown above are in accordance with the signed contact.

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/24/12

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 Gulfstream Insurance Group Inc P.O. Box 8908 Fort Lauderdale, FL 33310-8908 David Arch	954-561-2220	CONTACT NAME:	
	954-566-0673	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Arch Insurance Company	
		INSURER B: FCCI Commercial Ins.Co.	
		INSURER C: Scottsdale Indemnity Co.	
		INSURER D: Certain Und at Lloyds London	
		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 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	NCPKG0164801	05/03/12	05/03/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000
A	<input checked="" type="checkbox"/> Professional Liab <input checked="" type="checkbox"/> Abuse/Molest Liab		NCPKG0164801	05/03/12	05/03/13	PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben. \$ \$1mil/\$3mil
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> Phys Dam		NCAUT0164801	05/03/12	05/03/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ comp/coil ded \$ 500/500
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	NCUMB0164801	05/03/12	05/03/13	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER
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	001WC12A68181	04/01/12	04/01/13	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Section		NCPKG0164801	05/03/12	05/03/13	RC, Spec
C	D&O Liab		EKI3064215	05/03/12	05/03/13	Cims Made \$3mil/\$3mil

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, c/o Department of Housing and Community Development are additional insureds with respects to General Liability and only regarding the operations of the named insured as per written contract.

CERTIFICATE HOLDER  Palm Beach County Board of County Commissioners 810 Datura Street West Palm Beach, FL 33402	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 

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