

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2013	2014	2015	2016	2017
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	(\$14,155.24)	(\$1,286.84)	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>(\$14,155.24)</u>	<u>(\$1,286.84)</u>	<u>\$-0-</u>	<u>\$-0-</u>	<u>\$-0-</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____
Is Item Included in Current Budget:	Yes	<u>X</u>	No	_____	_____
Budget Account No:	Fund <u>0001</u>	Dept <u>580</u>	Unit <u>5250</u>	Object <u>4726</u>	
	Program _____				

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

Current guaranteed annual rent of \$14,848.20 (\$1,237.35/month) will increase 4% to \$15,442.13 (\$1,286.84/month) for the 11/1/2012 – 10/31/2013 second option period.

C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development Comments:

<p>_____ OFMB</p> <p><i>9/14/12</i> <i>9/13/12</i></p>	<p>_____ Contract Development and Control</p> <p><i>9/17/12</i></p>
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B. Legal Sufficiency:

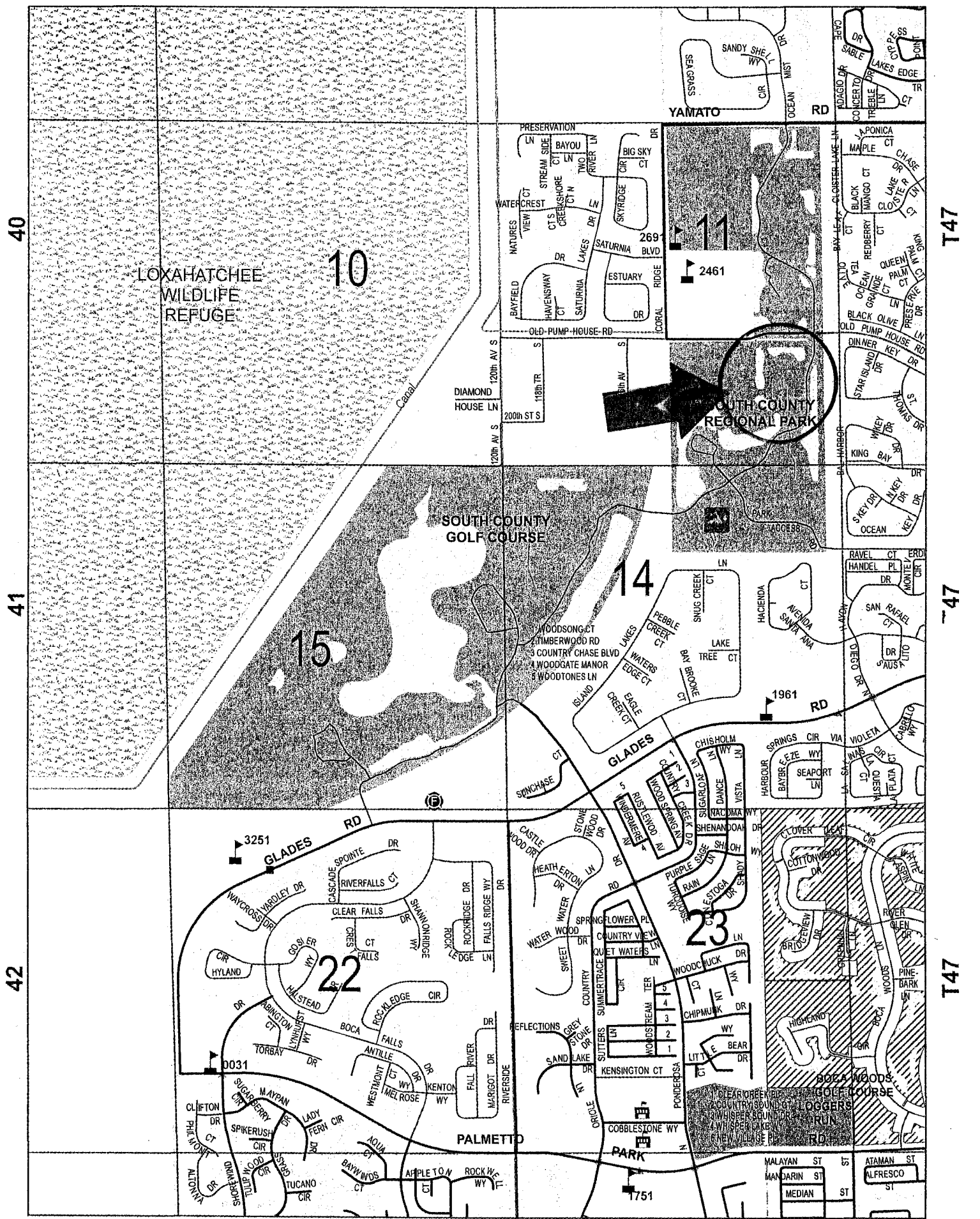
Assistant County Attorney

9/18/12

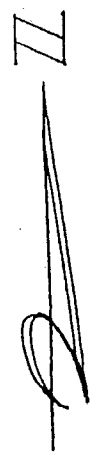
C. Other Department Review:

Department Director

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



LOCATION MAP



Tennis Learning Center
South County Regional Park
11200 Access Road
Boca Raton, FL 33498

FROM: Peter Davis
President, Tennis Insights, Inc.
11341 Woodchuck Lane
Boca Raton, FL 33428

TO: Cliff Battles
Project Coordinator
Palm Beach County Parks & Recreation
2700 6th Ave South
Lake Worth, FL 33461

DATE: June 8, 2012

RE: Contract Status (R2008-1867)

.....

Dear Cliff,

This letter is to inform you that Tennis Insights wishes to exercise its one-year renewal option effective October 31st 2012. All of my contact and other information remains current. Thank you.

Peter Davis

BUDGET AVAILABILITY STATEMENT

REQUEST DATE: 7/23/2012

REQUESTED BY: Steven K. Schlamp
Property Spec./PREM

PHONE: 233-0239
FAX: 233-0210

PROJECT TITLE: South County Regional Park Concession Option 2 of 3

PROJECT NO.: 2012-5.019

Fiscal Years	2013	2014	2015	2016	2017
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	(\$14,155.24)	(\$1,286.84)	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>(\$14,155.24)</u>	<u>(\$1,286.84)</u>	<u>\$-0-</u>	<u>\$-0-</u>	<u>\$-0-</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

**** By signing this BAS your department agrees to these staff costs and your account will be charged upon receipt of this BAS by FD&O. Unless there is a change in the scope of work, no additional staff charges will be billed.**

BUDGET ACCOUNT NUMBER

FUND: 0001

DEPT: 580

UNIT: 5250

OBJ: 4726
SUB OBJ:

IS ITEM INCLUDED IN CURRENT BUDGET: YES NO

IDENTIFY FUNDING SOURCE FOR EACH ACCOUNT: (check all that apply)

- Ad Valorem (source/type: _____)
- Non-Ad Valorem (source/type: _____)
- Grant (source/type: _____)
- Park Improvement Fund (source/type: _____)
- General Fund Operating Budget Federal/Davis Bacon
- _____ _____ _____

SUBJECT TO IG FEE? YES NO

Department: Parks & Recreation Department

BAS APPROVED BY: 

DATE: 7/24/12

ENCUMBRANCE NUMBER:

Below is information on the justification for the figures listed on the attached BAS for the second (of three) one year options for the period of 11/1/2012 – 10/31/2013 for the Concessionaire Service Agreement with Tennis Insights, Inc., for the South County Regional Tennis and Racquetball Center at South County Regional Park west of Boca Raton.

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2013	2014	2015	2016	2017
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	<u>(\$14,155.24)</u>	<u>(\$1,286.84)</u>	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>(\$14,155.24)</u>	<u>(\$1,286.84)</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

For FY13:

- The one year option extends the term of the Agreement from 11/1/2012 – 10/31/2013.
- For FY13, the period that is included is 11/1/2012 – 9/30/13, or 11 months.
- The current annual rent is \$14,848.20; for this term extension the rent will increase by 4% to \$15,442.13 per year, or \$1,286.84 per month.
- \$1,286.84 per month x 11 months = \$14,155.24.

FY13 TOTAL = \$14,155.24

For FY14:

- For FY14, only one month (October 2013) is included.
- \$1,286.84 per month x 1 month = \$1,286.84.

FY14 TOTAL = \$1,286.84

For FY15 & FY16 & FY17:

- n/a

FY15 & FY16 & FY17 TOTALS = \$-0-



CERTIFICATE OF LIABILITY INSURANCE

TENNINS OP ID: DA

DATE (MM/DD/YYYY)
07/18/12

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 Gallo Insurance Agency, Inc. 4360 Northlake Blvd Ste 214 Palm Beach Gardens, FL 33410	561-694-6666	CONTACT NAME:	
	561-694-6986	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Auto-Owners Insurance Company			18988
INSURER B : Technology Insurance Company			
INSURER C :			
INSURER D :			
INSURER E :			
INSURER F :			

INSURED
Tennis Insights, Inc.
Peter Davis
11200 Park Access Road
Boca Raton, FL 33498

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	X X	72539265	11/21/11	11/21/12	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPIOP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DED RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	TWC3300402	01/18/12	01/18/13	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$ 100,000
						E.L. DISEASE - EA EMPLOYEE \$ 100,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Waiver of Subrogation is endorsed on the general liability policy.
Palm Beach County, a political subdivision of the State of Florida, its servants, agents and employees, is named as additional insured under the terms, conditions, and endorsements of the policy shown above.

CERTIFICATE HOLDER	CANCELLATION
PBCPARK	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
PBC Board of Cnty Commisioners c/o Parks & Recreation Dept 2700 Sixth Avenue South Lake Worth, FL 33461	AUTHORIZED REPRESENTATIVE <i>Cheryl Vandenberg</i>