

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date: February 5, 2013 **Consent** **Regular**
 Ordinance **Public Hearing**

Department: Department of Economic Sustainability

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Amendment No. 001 to an Agreement (R2012-1402) with Sickle Cell Foundation of Palm Beach County, Inc. (Sickle Cell Foundation) to decrease the number of beneficiaries served and to increase the rate of reimbursement.

Summary: On October 2, 2012, the County entered into an Agreement (R2012-1402) with the Sickle Cell Foundation allocating \$12,743 in Community Development Block Grant (CDBG) funds for comprehensive case management services to 144 unduplicated individuals who have sickle cell disease or sickle cell trait and to members of their families. Although Sickle Cell Foundation requested \$56,316 in CDBG funds to serve 144 clients, due to limited CDBG funding availability, they were only awarded \$12,743 and therefore cannot serve 144 clients, and may only provide the same level of service to 46 clients. Accordingly, the amendment increases the rate of reimbursement per client to a rate commensurate with the one provided in Fiscal Year 2011-2012. These are Federal CDBG funds which require no local match. (DES Contract Development) Countywide (TKF)

Background and Justification: The Department of Economic Sustainability (DES) receives CDBG funding from the U.S. Department of Housing and Urban Development. The allocation of these funds to the Agency has been determined by DES to be an eligible activity under the CDBG Program. On July 10, 2012 (R2012-0943), the Board of County Commissioners approved the Palm Beach County Action Plan: October 2012 - September 2013, which allocated \$12,743 in CDBG funds to Sickle Cell Foundation of Palm Beach County, Inc.

- Attachments:**
- 1. Amendment No. 001 to an Agreement with Sickle Cell Foundation of Palm Beach County, Inc.
 - 2. Agreement (R2012-1402) with Sickle Cell Foundation of Palm Beach County, Inc. with Exhibits A to F

Recommended By: *Edward G. Fournier* 1/24/2013
Department Director Date

Approved By: *Sharon Q. Johnson* 2-2-13
Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2013	2014	2015	2016	2017
Capital Expenditures					
Operating Costs					
External Revenues					
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	*				

# ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget? Yes No

Budget Account No.:

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

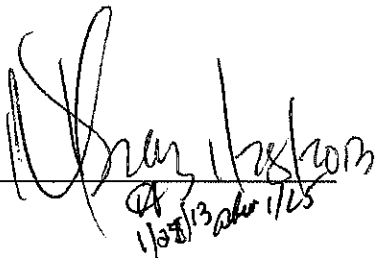

* No fiscal impact

C. Departmental Fiscal Review:


 1-21-13
 Shairette Major, Fiscal Manager I

III. REVIEW COMMENTS

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

OFMB  1/28/13
 Contract Development and Control  1/30/13
 1-30-13 B. Wheeler

B. Legal Sufficiency:


 Senior Assistant County Attorney

C. Other Department Review:

Department Director

**AMENDMENT 001 TO THE AGREEMENT
WITH
SICKLE CELL FOUNDATION OF PALM BEACH COUNTY, INC.**

Amendment 001 entered into on _____ by and between **Palm Beach County** and **Sickle Cell Foundation of Palm Beach County, Inc.**

WITNESSETH:

WHEREAS, Palm Beach County entered into an Agreement (R2012-1402) with **Sickle Cell Foundation of Palm Beach County, Inc.** on October 2, 2012, to provide \$12,743 of Community Development Block Grant (CDBG) funds for comprehensive case management to individuals who have sickle cell disease or sickle cell trait and to members of their families; and

WHEREAS, both parties wish to modify this Agreement to decrease the number of beneficiaries and increase the reimbursement rate per individual served; and

WHEREAS, both parties mutually agree that the original Agreement entered is hereby amended as follows:

A. PART IV – SECTION 30 – EXCLUSION OF THIRD PARTY BENEFICIARIES

Add Section 30 to PART IV of the Agreement as follows:

30. Exclusion of Third Party Beneficiaries

No provision of this Agreement is intended to, or shall be construed to, create any third party beneficiary or to provide any rights to any person or entity not a party to this Agreement, including but not limited to any citizen or employees of the County and/or the Agency.

B. EXHIBIT “A” – WORK PROGRAM NARRATIVE – SECTION 1.D. BENEFICIARIES

Replace “one hundred forty four (144)” with “forty six (46)”.

C. EXHIBIT “A” – WORK PROGRAM NARRATIVE – SECTION 2. A.

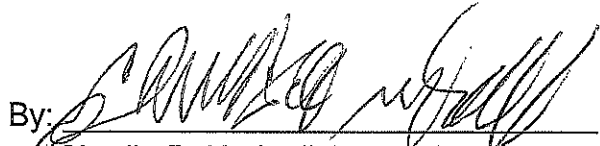
Replace “\$88.49” with “\$277.03”.

NOW THEREFORE, 1) all items in the previous Agreement in conflict with this Amendment shall be and are hereby changed to conform to this Amendment, and 2) all provisions not in conflict with this aforementioned Amendment are still in effect and shall be performed at the same level as specified in the Agreement.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

(AGENCY SEAL BELOW)

SICKLE CELL FOUNDATION OF PALM BEACH COUNTY, INC.

By: 
Charlie B. Hudnell, Board Chairman

By: 
Frank Hayden, CEO

(COUNTY SEAL BELOW)

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

ATTEST: Sharon R. Bock,
Clerk & Comptroller

By: _____
Steven L. Abrams, Chairman
Board of County Commissioners

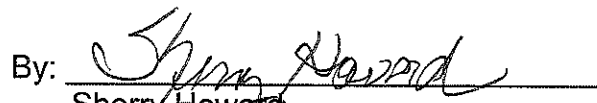
By: _____
Deputy Clerk

Document No.: _____

Approved as to Form
and Legal Sufficiency

Approved as to Terms and Conditions
Department of Economic Sustainability

By: _____
Tammy K. Fields
Chief Assistant County Attorney

By: 
Sherry Howard
Deputy Director

AGREEMENT BETWEEN PALM BEACH COUNTY

AND

SICKLE CELL FOUNDATION OF PALM BEACH COUNTY, INC.

THIS AGREEMENT entered into this _____ day of OCT 02 2012, 20____, by and between **Palm Beach County**, a political subdivision of the State of Florida, for the use and benefit of its Community Development Block Grant (CDBG) Program and **Sickle Cell Foundation of Palm Beach County, Inc.**, a non-profit corporation duly organized and existing by virtue of the laws of the State of Florida, having its principal office at **1600 N. Australian Avenue, West Palm Beach, Florida 33407**, and its Federal Tax Identification Number as **59-1975315**.

WHEREAS, **Palm Beach County** has entered into an agreement with the United States Department of Housing and Urban Development for a grant for the execution and implementation of a CDBG Program in certain areas of Palm Beach County, pursuant to Title I of the Housing and Community Development Act of 1974 (as amended); and

WHEREAS, **Palm Beach County** made \$12,743 in CDBG funds available to fund the activities specified in Part II of this Agreement; and

WHEREAS, **Palm Beach County**, in accordance with the FY 2012-13 Action Plan, and **Sickle Cell Foundation of Palm Beach County, Inc.**, desire to provide the activities specified in Part II of this Agreement; and

WHEREAS, **Palm Beach County** desires to engage **Sickle Cell Foundation of Palm Beach County, Inc.**, to implement such undertakings of the CDBG Program.

NOW, THEREFORE, in consideration of the mutual premises and covenants herein contained, it is agreed as follows:

PART I
DEFINITION AND PURPOSE

1. DEFINITIONS

- (A) "County" means **Palm Beach County**.
- (B) "CDBG" means Community Development Block Grant Program of Palm Beach County.
- (C) "DES" means Palm Beach County Department of Economic Sustainability.
- (D) "Agency" means **Sickle Cell Foundation of Palm Beach County, Inc.**
- (E) "DES Approval" means the written approval of the DES Director or designee.
- (F) "U.S. HUD" means the Secretary of the U. S. Department of Housing and Urban Development or a person authorized to act on U.S. HUD's behalf.
- (G) "Low- and Moderate-Income Persons" means the definition set by U.S. HUD.

2. PURPOSE

The purpose of this Agreement is to state the covenants and conditions under which the Agency will implement the Scope of Services set forth in Part II of this Agreement. At least fifty-one percent (51%) of the beneficiaries of a project funded under this Agreement must be, or are presumed to be, Low- and Moderate- Income Persons.

PART II
PROJECT SCOPE, ELIGIBLE ACTIVITIES, AND NATIONAL OBJECTIVE

1. SCOPE OF SERVICES

The Agency shall, in a satisfactory and proper manner as determined by DES, perform the tasks outlined in Exhibit "A" and submit invoices using the cover sheet in Exhibit "B", both of which are attached hereto and made a part hereof.

2. **CDBG ELIGIBLE ACTIVITIES AND NATIONAL OBJECTIVE**

The Agency shall provide comprehensive case management to individuals who have sickle cell disease or sickle cell trait and to members of their families. These activities are determined to be **Public Services**, under 24 Code of Federal Regulations (CFR) 570.201(e). The Parties acknowledge that the eligible activities carried out under this Agreement will meet a CDBG Program National Objective by benefitting **Low- and Moderate- Income Persons** as described in the scope of work in Exhibit "A", and as defined in 24 CFR 570.208(a).

PART III

COMPENSATION, TIME OF PERFORMANCE, AND CONDITIONS OF PAYMENT

1. **MAXIMUM COMPENSATION**

The Agency agrees to accept as full payment for eligible services rendered pursuant to this Agreement the actual amount of budgeted, eligible, and DES Director or designee-approved expenditures and encumbrances made by the Agency under this Agreement. Said services shall be performed in a manner satisfactory to DES. In no event shall the total compensation or reimbursement to be paid hereunder exceed the maximum and total authorized sum of **TWELVE THOUSAND SEVEN HUNDRED FORTY THREE DOLLARS (\$12,743)** for the period of October 1, 2012 through September 30, 2013. Any funds not obligated by the expiration date of this Agreement shall automatically revert to the County.

Further budget changes within the designated contract amount may be approved in writing by the DES Director, at his discretion, up to ten percent (10%) on a cumulative basis of the Agreement amount during the Agreement period. Such requests for changes must be made in writing by the Agency and submitted to the DES Director. Budget changes in excess of ten percent (10%) must be approved by the Board of County Commissioners.

2. **TIME OF PERFORMANCE**

The effective date of this Agreement, and all rights and duties designated hereunder, are contingent upon the timely release of funds for this project by U.S. HUD under Grant Number B-12-UC-12-0004. The effective date shall be October 1, 2012 and the services of the Agency shall be undertaken and completed in light of the purposes of this Agreement. In any event, all services required hereunder shall be completed by the Agency by September 30, 2013.

3. **CONDITIONS AND METHOD OF PAYMENT**

The County agrees to reimburse the Agency for all eligible budgeted costs permitted by Federal, State, and County guidelines. The Agency shall not request reimbursement for payments made by the Agency before the effective date of this Agreement, nor shall it request reimbursement for payments made after the expiration date of this Agreement. In no event shall the County provide advance funding to the Agency or any subcontractor hereunder. The Agency shall request reimbursements from the County by submitting to DES proper documentation. Satisfactory proof of payment by the Agency shall consist of originals of invoices, receipts, or other evidence of indebtedness. In the event an original document cannot be presented, the Agency must furnish copies, if deemed satisfactory and acceptable by DES.

Each request for reimbursement submitted by the Agency shall be accompanied by proper documentation of expenditures and should, to the maximum extent possible, be submitted to DES for approval no later than thirty (30) days after the date of payment by the Agency. Payment shall be made by the Palm Beach County Finance Department, upon proper presentation of invoices and reports approved by the Agency and DES. Invoices will not be honored or approved if received by DES later than forty-five (45) days after the expiration date of this Agreement.

4. **CONDITIONS ON WHICH PAYMENT IS CONTINGENT****(A) IMPLEMENTATION OF PROJECT ACCORDING TO REQUIRED PROCEDURES**

The Agency shall implement this Agreement in accordance with applicable Federal, State, County and Local laws, ordinances, and codes and with the applicable procedures outlined in DES Policies and Procedures Memoranda, and amendments and additions thereto as may from time to time be made. The Federal, State, County and Local laws, ordinances, and codes are minimal regulations which may be supplemented by more restrictive guidelines set forth by DES. No reimbursements will be made without evidence of appropriate insurance required by this Agreement on file with DES. No payments for projects funded by more than one funding source will be made until a cost allocation plan has been approved by the DES Director or designee.

Should a project receive additional funding after the commencement of this Agreement, the Agency shall notify DES in writing within thirty (30) days of receiving notification from the funding source and submit a cost allocation plan for approval by the DES Director or designee within forty-five (45) days of said official notification.

(B) FINANCIAL ACCOUNTABILITY

The County may have a financial system analysis and/or an audit of the Agency or of any of its subcontractors by an independent auditing firm employed by the County or by the County Internal Audit Department at any time the County deems necessary to determine the capability of the Agency to fiscally manage the project in accordance with Federal, State and County requirements.

(C) SUBCONTRACTS

None of the work or services covered by this Agreement, including but not limited to, consultant work or services, shall be subcontracted or reimbursed without the prior written approval of the DES Director or designee. Any work or services subcontracted hereunder shall be specifically by written contract, written agreement, or purchase order. All subcontracts shall be submitted by the Agency to DES and approved by DES prior to execution of any subcontract hereunder. All subcontracts shall be subject to Federal, State and County laws and regulations.

(D) PURCHASING

All purchasing for services and goods, including capital equipment, shall be made by purchase order or by a written contract and in conformity with the procedures prescribed by the Palm Beach County Purchasing Ordinance, OMB Circulars A-110 and A-122, and 24 CFR 84, which are incorporated herein by reference.

(E) REPORTS, AUDITS, AND EVALUATIONS

Payment will be contingent on the timely receipt of complete and accurate reports required by this Agreement, and on the resolution of monitoring or audit findings identified pursuant to this Agreement.

(F) ADDITIONAL DES, COUNTY, AND U.S. HUD REQUIREMENTS

DES shall have the right under this Agreement to suspend or terminate payments, if after being provided written notice, the Agency does not comply with any additional conditions that may be imposed by DES, the County or U.S. HUD at any time.

(G) PRIOR WRITTEN APPROVALS - SUMMARY

The following, among others, require the prior written approval of the DES Director or designee to be eligible for reimbursement or payment:

- (i) All subcontracts and Agreements pursuant to this Agreement;
- (ii) All capital equipment expenditures of \$1,000 or more;

- (iii) All out-of-county travel (travel shall be reimbursed in accordance with the provisions of Florida Statutes, Chapter 112.061);
- (iv) All change orders;
- (v) All requests to utilize uncommitted funds after the expiration of this Agreement for programs described in Exhibit "A"; and
- (vi) All rates of pay and pay increases paid from CDBG funds, whether for merit or cost of living.

(H) PROGRAM - GENERATED INCOME

For the purpose of this Agreement, Program Income means gross income received by the Agency, which has been directly generated by a CDBG supported activity, or earned only as a result of the grant agreement during the grant period, and more specifically defined in 24 CFR 570.500. The Agency shall comply with the program income requirements imposed by CDBG and other applicable federal regulations. In all cases, accounting and disbursement of such income shall comply with OMB Circular A-110 and other applicable regulations incorporated herein by reference. All income earned by the Agency from activities financed, in whole or in part, by funds provided hereunder must be reported and returned to DES on a monthly basis.

The Agency may request that program income be used to fund other eligible uses, subject to DES approval, and provided that the Agency is in compliance with its obligations, terms, and conditions as contained within this Agreement (including the attached Exhibits herein). The Agency shall only use such program income to fund "basic eligible activities" as defined by Federal Community Development Block Grant Regulations (24 CFR Part 570). Furthermore, the Agency agrees that the provisions of this Agreement shall also apply to these "basic eligible activities" as funded with the Agency's program income. Such income shall only be used to undertake the activities authorized by a written Agreement.

The requirements of this Paragraph shall survive the expiration of this Agreement.

PART IV
GENERAL CONDITIONS

1. OPPORTUNITIES FOR RESIDENTS AND CIVIL RIGHTS COMPLIANCE

The Agency agrees that no person shall on the grounds of race, color, disability, ancestry, national origin, religion, age, familial status, sex, sexual orientation, marital status, or gender identity and expression be excluded from the benefits of, or be subjected to discrimination under, any activity carried out by the performance of this Agreement. Upon receipt of evidence of such discrimination, the County shall have the right to terminate this Agreement.

To the greatest extent feasible, lower-income residents of the project areas shall be given opportunities for training and employment; and to the greatest extent feasible, eligible business concerns located in or owned in substantial part by persons residing in the project areas shall be awarded contracts in connection with the project. At a minimum, the Agency shall comply with Section 3 of the Housing and Community Development Act of 1968 (as amended).

2. OPPORTUNITIES FOR SMALL AND MINORITY/WOMEN-OWNED BUSINESS ENTERPRISES

In the procurement of supplies, equipment, construction, or services to implement this Agreement, the Agency shall make a positive effort to utilize small and minority/women-owned business enterprises as sources of supplies and services, and provide these enterprises the maximum feasible opportunity to compete for contracts to be performed pursuant to this Agreement. To the maximum extent feasible, these small and minority/women-owned business enterprises shall be located in or owned by residents of the areas designated by Palm Beach County in the Annual Consolidated Plan approved by U.S. HUD.

3. **PROJECT BENEFICIARIES**

At least fifty-one percent (51%) of the beneficiaries of a project funded through this Agreement must be Low- and Moderate- Income Persons or persons presumed to be low- and moderate- income. All beneficiaries of this Agreement must be current residents of Palm Beach County. If the project is located in an entitlement city, as defined by U.S. HUD, or serves beneficiaries countywide, at least fifty-one percent (51%) of the beneficiaries directly assisted through the use of funds under this Agreement must reside in unincorporated Palm Beach County or in Municipalities participating in the County's Urban County Qualification Program. The project funded under this Agreement shall assist beneficiaries as defined above for the time period designated in Part III, Paragraph 1 of this Agreement. Upon DES' request, the Agency shall provide written verification of compliance. The Agency shall prove compliance through verifiable and authentic documents listing domicile (P.O. Boxes are not acceptable) kept on file for each client.

4. **UNIFORM ADMINISTRATIVE REQUIREMENTS**

The Agency agrees to comply with the applicable uniform administrative requirements as described in Federal Community Development Block Grant Regulations 24 CFR 570.502.

5. **EVALUATION AND MONITORING**

The Agency agrees that DES will carry out periodic monitoring and evaluation of activities as determined necessary by DES or the County and that payment, reimbursement, or the continuation of this Agreement is dependent upon satisfactory evaluation conclusions based on the terms of this Agreement. **Due to the regulatory requirements, performance requirements as detailed in Exhibit "A" will be closely monitored by DES. Substandard performance, as determined by DES, will constitute noncompliance with this Agreement.**

The Agency agrees to furnish upon request to DES, the County, or the County's designees copies of transcriptions of such records and information as is determined necessary by DES or the County. The Agency shall submit status reports required under this Agreement on forms approved by DES to enable DES to evaluate progress. The Agency shall provide information as requested by DES to enable DES to complete reports required by the County or U.S. HUD. The Agency shall allow DES, the County, or U.S. HUD to monitor the Agency on site. Such visits may be scheduled or unscheduled as determined by DES or U.S. HUD. **Upon request, DES shall provide a monitoring checklist which contains the minimum monitoring measures to be used by the County and is similar to the formal checklist the County will use during its formal monitoring visit(s).** Other measures of monitoring may also be utilized.

6. **AUDITS AND INSPECTIONS**

At any time during normal business hours and as often as DES, the County, U.S. HUD, or the Comptroller General of the United States may deem necessary, there shall be made available by the Agency to DES, the County, U.S. HUD, or the Comptroller General for examination all its records with respect to all matters covered by this Agreement.

If during the year, the Agency expends over \$500,000 of Federal awards, the Agency shall comply with the Provision of OMB Circular A-133. The Agency shall submit a single audit, including any management letter, made in accordance with the general program requirements of OMB Circulars A-110, A-122, A-133, and other applicable regulations within the earlier of thirty (30) days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period in which DES-administered funds were expended. Said audit shall be made by a Certified Public Accountant of the Agency's choosing, subject to the County's approval. In the event the Agency anticipates a delay in producing such audit, the Agency shall request an extension in advance of the deadline. The cost of said audit shall be borne by the Agency. In the event the Agency is exempt from having an audit conducted under A-133, the Agency will submit

audited financial statements and/or the County reserves the right to conduct a "limited scope audit" of the Agency as defined by A-133. The County will be responsible for providing technical assistance to the Agency, as deemed necessary by the County.

7. REVERSION OF ASSETS

Upon expiration of this Agreement, the Agency shall transfer to the County any CDBG funds on hand at the time of expiration and any accounts receivable attributable to the use of CDBG funds. Any real property under the Agency's control upon expiration of this Agreement which was acquired or improved, in whole or part, with CDBG funds in the excess of \$25,000 must either be used to meet one of the national objectives in Federal Community Development Block Grant Regulations 24 CFR 570.508 for a minimum of five (5) years after expiration of the Agreement, or, the Agency shall pay the County an amount equal to the current market value attributable to expenditures of non-CDBG funds for the acquisition of, or improvement to, the property.

8. DATA BECOMES COUNTY PROPERTY

All reports, plans, surveys, information, documents, maps, and other data procedures developed, prepared, assembled, or completed by the Agency for the purpose of this Agreement shall become the property of the County without restriction, reservation, or limitation of their use and shall be made available by the Agency at any time upon request by the County or DES. Upon completion of all work contemplated under this Agreement, copies of all documents and records relating to this Agreement shall be surrendered to DES if requested. In any event, the Agency shall keep all documents and records for five (5) years after expiration of this Agreement.

9. INDEMNIFICATION

The Agency shall protect, defend, reimburse, indemnify and hold the County, its agents, employees and elected officers harmless from and against all claims, liability, expense, loss, 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 performance of the terms of this Agreement or due to the acts or omissions of the Agency. Agency's aforesaid indemnity and hold harmless obligation, or portion or applications thereof, shall apply to the fullest extent permitted by law. The Agency will hold the County harmless and will indemnify the County for funds which the County is obligated to refund the Federal Government arising out of the conduct of activities and administration of Agency.

10. INSURANCE

Unless otherwise specified in this Agreement, the Agency shall, at its sole expense, maintain in full force and effect at all times during the life of this Agreement, insurance coverages, limits, including endorsements, as described herein. Prior to execution of this Agreement and commencement of any operations/services provided under this contract, the Agency shall provide the County with current certificates of insurance evidencing all required coverage. The requirements contained herein as to types and limits, as well as the County's review or acceptance of insurance maintained by the Agency, are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by the Agency under this Agreement. Any request for an exception to these insurance requirements must be submitted in writing to the County for approval.

(A) COMMERCIAL GENERAL LIABILITY

The Agency shall agree to maintain Commercial General Liability at a limit of liability not less than \$500,000 Each Occurrence. Coverage shall not contain any endorsement excluding nor limiting Premises/Operations, Personal Injury, Product/Completed Operations, Contractual Liability, Severability of Interests or Cross Liability. Coverage shall be provided on a primary basis.

(B) BUSINESS AUTOMOBILE LIABILITY

The Agency shall agree to maintain Business Automobile Liability at a limit of liability not less than \$500,000 Each Occurrence for all owned, non-owned and hired automobiles. In the event the Agency does not own any automobiles, the Business Auto Liability requirement shall be amended allowing the Agency to agree to maintain only Hired & Non-Owned Auto Liability. This amended requirement may be satisfied by way of endorsement to the Commercial General Liability, or separate Business Auto coverage form. The Agency agrees that this coverage shall be provided on a primary basis.

(C) WORKERS' COMPENSATION & EMPLOYER'S LIABILITY

The Agency shall agree to maintain Workers' Compensation Insurance & Employers Liability in accordance with Florida Statutes Chapter 440. The Agency agrees this coverage shall be provided on a primary basis.

(D) ADDITIONAL INSURED

The Agency shall agree to 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, c/o Department of Economic Sustainability"**. The Agency shall agree the Additional Insured endorsements provide coverage on a primary basis.

(E) CERTIFICATE OF INSURANCE

The Agency shall agree to deliver to the County a certificate(s) of insurance evidencing the required insurance is in full force and effect within thirty (30) calendar days prior to the execution of the Agreement by the County and upon renewal or reduction of any required insurance. In addition, the Agency agrees to notify the County of any cancellation, material change, or non-renewal of coverage taking place during the term of this Agreement.

The certificate of insurance shall be issued to:

Palm Beach County Board of County Commissioners
c/o DES
100 Australian Avenue, Suite 500
West Palm Beach, FL 33406

(F) RIGHT TO REVIEW AND ADJUST

The Agency shall agree the County, by and through its Risk Management Department, in cooperation with DES, reserves the right to periodically review, modify, reject or accept any required policies of insurance, including limits, coverages, or endorsements, herein from time to time throughout the life of this Agreement. The County reserves the right, but not the obligation, to review and reject any insurer providing coverage because of its poor financial condition or failure to operate legally.

11. MAINTENANCE OF EFFORT

The intent and purpose of this Agreement is to increase the availability of the Agency's services. This Agreement is not to substitute for or replace existing or planned projects or activities of the Agency. The Agency agrees to maintain a level of activities and expenditures, planned or existing, for projects similar to those being assisted under this Agreement which is not less than that level existing prior to this Agreement.

12. CONFLICT OF INTEREST

The Agency shall comply with 24 CFR 570.611 which requires, at a minimum, that no person who presently exercises any functions or responsibilities in connection with the project has any personal financial interest, direct or indirect, in the activities provided under this Agreement which would conflict in any

manner or degree with the performance of this Agreement and that no person having any conflict of interest shall be employed by or subcontracted by the Agency. Any possible conflict of interest on the part of the Agency or its employees shall be disclosed in writing to DES provided, however, that this paragraph shall be interpreted in such a manner so as to not to unreasonably impede the statutory requirement that maximum opportunity be provided for employment and participation of low and moderate-income residents of the project target area.

13. CITIZEN PARTICIPATION

The Agency shall cooperate with DES in the implementation of the Citizen Participation Plan by establishing a citizen participation process to keep residents and/or clients informed of the activities the Agency is undertaking in carrying out the provisions of this Agreement. Representatives of the Agency shall attend meetings and assist in the implementation of the Citizen Participation Plan, as requested by DES.

14. RECOGNITION

All activities, facilities and items utilized pursuant to this Agreement shall clearly identify the Palm Beach County Community Development Block Grant Program as a funding source. The Agency will include a reference to the financial support herein provided by DES in all publications and publicity. In addition, the Agency will make a good faith effort to recognize DES' support for all activities made possible with funds available under this Agreement.

15. AGREEMENT DOCUMENTS

The following documents are herein incorporated by reference and made part hereof, and shall constitute and be referred to as the Agreement; and all of said documents taken as a whole constitute the Agreement between the parties hereto and are as fully a part of the Agreement as if they were set forth verbatim and at length herein:

- (A) This Agreement, including its Exhibits, which the County may revise from time to time;
- (B) Office of Management and Budget Circulars A-87, A-110, A-122, A-128, and A-133;
- (C) Title VI of the Civil Rights Act of 1964, Age Discrimination Act of 1975, and Title II of the Americans With Disabilities Act of 1990;
- (D) Executive Orders 11246, 11478, 11625, 12372, 12432, the Davis-Bacon Act, Section 3 of the Housing and Urban Development Act of 1968, and the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended;
- (E) Executive Orders 11063, 12259, 12892, the Fair Housing Act, and Section 109 of the Housing and Community Development Act of 1974, as amended;
- (F) The Drug-Free Workplace Act of 1988, as amended;
- (G) Florida Statutes, Chapter 112;
- (H) Palm Beach County Purchasing Ordinance;
- (I) Federal Community Development Block Grant Regulations (24 CFR Part 570), as amended; Consolidated Plan Final Rule (24 CFR Part 91), as amended; 24 CFR Part 6; 24 CFR Part 49; and 24 CFR Part 85;
- (J) The Agency's Personnel Policies and Job Descriptions;
- (K) The Agency's Articles of Incorporation and Bylaws;
- (L) The Agency's Certificate of Insurance;
- (M) Current list of the Agency's Officers and members of Board of Directors;
- (N) Proof of Agency 501(c)(3) certification from Internal Revenue Service (IRS).

The Agency shall keep an original of this Agreement, including its Exhibits, and all amendments thereto, on file at its principal office.

16. **REDUCTION IN FUNDING**

In the event the grant to the County under Title I of the Housing and Community Development Act of 1974 (as amended) is reduced by HUD, this Agreement will be amended to reflect the funding reductions imposed by HUD and the reduction in the number of beneficiaries commensurate with the revised funding level.

17. **TERMINATION AND SUSPENSION**

In the event of termination, the Agency shall not be relieved of liability to the County for damages sustained by the County by virtue of any breach of the Agreement by the Agency, and the County may withhold any payment to the Agency until such time as the exact amount of damages due to the County from the Agency is determined.

(A) **TERMINATION FOR CAUSE**

If, through any cause, either party shall fail to fulfill in a timely and proper manner its obligations under this Agreement, or if either party shall violate any of the covenants, agreements, or stipulations of this Agreement, either party shall thereupon have the right to terminate this Agreement or suspend payments, in whole or part, by giving written notice to the other party of such termination or suspension and specify the effective date of termination or suspension. Upon termination, the County shall pay the Agency for services rendered pursuant to this Agreement, through and including the date of termination.

(B) **TERMINATION FOR CONVENIENCE**

At any time during the term of this Agreement, either party may, at its option and for any reason, terminate this Agreement upon ten (10) working days written notice to the other party. Upon termination, the County shall pay the Agency for services rendered pursuant to this Agreement, through and including the date of termination.

(C) **TERMINATION DUE TO CESSATION**

In the event the Grant to the County under Title I of the Housing and Community Development Act of 1974 (as amended) is suspended or terminated, this Agreement shall be suspended or terminated effective on the date U.S. HUD specifies.

In the event the Agency ceases to exist, or ceases or suspends its operation for any reason, this Agreement shall be suspended or terminated on the date the County specifies. The determination that the Agency has ceased or suspended its operation shall be made solely by the County, and the Agency, its successors or assigns in interest agrees to be bound by the County's determination. Upon termination, the County shall pay the Agency for services rendered pursuant to this Agreement, through and including the date of termination.

18. **SEVERABILITY OF PROVISIONS**

If any provision of this Agreement is held invalid, the remainder of this Agreement shall not be affected thereby if such remainder would then continue to conform to the terms and requirements of applicable law.

19. **AMENDMENTS**

The County or the Agency may, at its discretion, amend this Agreement to conform to changes required by Federal, State, County, Local or U.S. HUD guidelines, directives, and objectives. Such amendments shall be incorporated by written amendment as a part of this Agreement and shall be subject to approval of the Palm Beach County Board of County Commissioners. Except as otherwise provided herein, no amendment to this Agreement shall be binding on either party unless in writing, approved by the Board of County Commissioners, and signed by both parties.

20. NOTICES

The Agency and County agree that all notices required by this Agreement shall be in writing and delivered by U.S. Mail, or personally delivered to the office of the duly authorized representative of the Agency or County as specified herein.

AGENCY:

Yvette L. Coursey, Chief Executive Director
Sickle Cell of Palm Beach County, Inc.
1600 N. Australian Avenue
West Palm Beach, FL 33407

COUNTY:

Edward W. Lowery, J.D., Director
Department of Economic Sustainability
100 Australian Avenue, Suite 500
West Palm Beach, FL 33406

21. INDEPENDENT AGENT AND EMPLOYEES

The Agency agrees that, in all matters relating to this Agreement, it will be acting as an independent agent and that its employees are not County employees and are not subject to the County provisions of the law applicable to County employees relative to employment compensation and employee benefits.

22. NO FORFEITURE

The rights of the County or the Agency under this Agreement shall be cumulative and failure on the part of the County or the Agency to exercise promptly any rights given hereunder shall not operate to forfeit or waive any of the said rights.

23. PUBLIC ENTITY CRIMES

As provided in F.S. 287.132-133, by entering into this Agreement or performing any work in furtherance hereof, the Agency certifies that it, its affiliates, suppliers, subcontractors and consultants 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).

24. DRUG - FREE WORKPLACE

The Agency shall provide a drug and alcohol free environment by developing policies for and carrying out a drug-free program in compliance with the Drug-Free Workplace Act of 1988.

25. RELIGIOUS ACTIVITIES

CDBG funds may be used by religious organizations or on property owned by religious organizations only in accordance with provisions specified in 24 CFR 570.200(j), and only with prior written approval from DES. The Agency agrees that funds provided under this Agreement will not be utilized for religious activities, to promote religious interests, or for the benefit of a religious organization.

26. DISCHARGE OF BENEFICIARIES

The Agency agrees to develop and implement to the maximum extent practical and, where appropriate, written policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or corrections programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons. In lieu of developing written policies, the Agency may adopt an existing countywide discharge plan, with approval from DES.

27. PALM BEACH COUNTY OFFICE OF THE INSPECTOR GENERAL

Palm Beach County has established the Office of Inspector General in Palm Beach County Code, Section 2-421 - 2-440, 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 Agency, its 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 interfering with or

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

28. **COUNTERPARTS OF THIS AGREEMENT**

This Agreement, consisting of twenty (20) enumerated pages including the Exhibits referenced herein, shall be executed in three (3) counterparts, each of which shall be deemed to be an original, and such counterparts will constitute one and the same instrument.

29. **ENTIRE UNDERSTANDING**

This Agreement and its provisions merge any prior Agreements, if any, between the parties hereto and constitutes the entire understanding. The parties hereby acknowledge that there have been and are no representatives, warranties, covenants, or undertakings other than those expressly set forth herein.

OCT 02 2012

WITNESS our Hands and Seals on the _____ day of _____, 20__.

(AGENCY SEAL)

SICKLE CELL OF PALM BEACH COUNTY, INC.

By: Ron O. Carryl
Ron O. Carryl, Board Chair

By: Frank Hayden
Frank Hayden, CEO

(COUNTY SEAL BELOW)

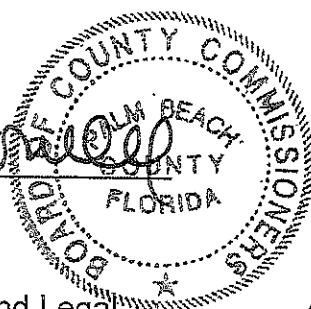
PALM BEACH COUNTY, FLORIDA, a Political Subdivision of the State of Florida

BOARD OF COUNTY COMMISSIONERS

ATTEST: SHARON R. BOCK,
Clerk and Comptroller

By: Shelley Vana
Shelley Vana, Chair
Board of County Commissioners

By: Tacey Ornel
Deputy Clerk



Document No.: R2012-1402

Approved as to Form and Legal Sufficiency

Approved as to Terms and Conditions
Department of Economic Sustainability

By: Tammy K. Fields
Tammy K. Fields
Chief Assistant County Attorney

By: Journey Beard
Journey Beard, Director of Contract Development & Quality Control

EXHIBIT "A"
WORK PROGRAM NARRATIVE

1. THE AGENCY AGREES TO:**(A) SCOPE OF SERVICES**

The Agency shall provide comprehensive case management services to individuals who have sickle cell disease or sickle cell trait and to members of their families. The aforesaid mentioned services shall include the completion of the following: An intake form for each individual served; a meeting between the individual and the Agency's Glades Area Case Manager (Case Manager) for the purpose of evaluating the individual's needs; a written case management plan for the individual prepared by the Case Manager; case notes on follow up by the Case Manager; and the inclusion of these documents in the individual's case file. Services shall be provided from the Agency's facility located at 136 Main Street, Belle Glade, Florida.

(B) COORDINATION OF SERVICES

The Agency shall coordinate its services for persons in need with other service providers in Palm Beach County by making and accepting referrals.

(C) PROJECT BUDGET

The Agency shall utilize funds provided under this Agreement in conformance with the CDBG Budget column found in Exhibit "F". **Specifically, funds will be used for the partial salary and FICA for the Glades Area Case Manager.** The Agency shall attest to the accurate completion of Exhibit "F" to this Agreement, especially as it relates to obtaining and using all funds received from Palm Beach County as well as from all other sources, and shall immediately inform and obtain approval by the County of any proposed changes to the budget displayed on Exhibit "F".

(D) BENEFICIARIES

During the term of this Agreement, the Agency shall provide the services described herein to one hundred forty four (144) unduplicated individuals, at least fifty-one percent (51%) of which shall be Low- and Moderate-Income Persons. Low- and moderate- income status shall be demonstrated by the Agency through written income certification of individuals served. Income eligibility determination of individuals served may include, but it not limited to: third-party verification of income such as the prior year income tax forms, pay stubs, or proof of eligibility for other forms of Federal financial assistance (TANF, reduced school lunch, subsidized daycare, subsidized housing assistance, etc). Each determination must have the income limits applied and point in time when the benefit was determined. All authentic (original) documents must be maintained in client files.

In addition, persons who meet the below definition as severely disabled shall be presumed to have low- and moderate income status for the purpose of this Agreement and shall accordingly be regarded as beneficiaries acceptable to the County as part of the one hundred forty four (144) unduplicated individuals stated herein. Persons are considered severely disabled if they:

1. Use a wheelchair or another special aid for six (6) months or longer;
2. Are unable to perform one or more functional activities (seeing, hearing, having one's speech understood, lifting and carrying, walking up a flight of stairs and walking), needed assistance with activities of daily living (getting around inside the home, getting in and out of bed or a chair; bathing, dressing, eating, and toileting) or instrumental activities of daily living (going outside the home, keeping track of money or bills, preparing meals, doing light housework and using the telephone);
3. Are prevented from working at a job or doing housework;
4. Have a selected condition including autism, cerebral palsy, Alzheimer's disease, senility or dementia or mental retardation; or
5. Are under sixty-five (65) years of age and are covered by Medicare or

receive Supplemental Security Income (SSI).

Proof of disability status under this definition must be maintained in the client's program files be made available for monitoring purposes. Proof of disability documentation may include, but not limited to, assessments, evaluations, or statements from an appropriate practitioner or Agency (e.g. Social Security Administration, Veterans Administration). At no time shall DES inquire about the nature or extent of a person's disability, nor inquire about a person's diagnosis or details of treatment for said disability or medical condition.

(E) PERFORMANCE BENCHMARKS

The Agency shall comply with the following Performance Benchmarks:

1. The Agency shall expend at least forty-five percent (45%) **\$5,734.35** of the total funding allocated through this Agreement by **March 30, 2013**, and
2. The Agency shall expend the remaining fifty-five percent (55%) **\$7,008.65** of the total funding allocated through this Agreement by **September 30, 2013**.

This Agreement may be amended to decrease and/or recapture grant funds from the Agency depending upon the timely completion of the Performance Benchmarks and/or the rate of expenditure of funds, as determined by DES. **The Agency agrees that it may be subject to decrease and/or recapture of project funds by the County if the Performance Benchmarks herein are not met.** Failure by the Agency to comply with these Performance Benchmarks may negatively impact ability to receive future CDBG funding allocations.

The Agency further agrees that DES, in consultation with any parties it deems necessary, shall be the final arbiter of the Agency's compliance with the above.

(F) INVOICE AND SUBMISSION FOR REIMBURSEMENT

The Agency shall submit, no later than the 10th day of each month, consecutively numbered invoices to DES in order to receive reimbursement of CDBG funds made available under this Agreement. Invoices shall be submitted on a regular, recurring basis (preferably monthly), to facilitate an even flow of funds throughout the term of the Agreement, and to prevent under-expenditure of allocated funds. All invoices (reimbursement requests) shall include an original invoice cover sheet, provided as Exhibit "B" attached hereto, which shall be signed by a person authorized by the Agency to submit invoices on its behalf. A Client Monthly Roster, provided as Exhibit "C" attached hereto, shall be submitted with each request for reimbursement for each month covered by this Agreement. It shall include the monthly average daily roster of persons served and shall be a requirement for reimbursement under this Agreement.

(G) REPAYMENT

The Agency shall repay to the County all funds reimbursed under this Agreement if the Agency fails to comply with any requirements of this Agreement and all applicable program regulations which results in HUD requiring the County to repay funds reimbursed to the Agency under this Agreement.

(H) REPORTS

The Agency shall submit the following reports to DES:

1. Direct Benefit Activities Form: This Form, provided as Exhibit "D" attached hereto, shall be submitted by the Agency to DES for each month covered by this Agreement. This Form shall be submitted no later than the 10th day of each month to collect information regarding activities undertaken by the Agency during the prior month.

2. Monthly Performance Report: This Report, provided as Exhibit "E" attached hereto, shall be submitted by the Agency to DES for each month covered by this Agreement. This Report shall be submitted no later than the 10th day of each month to report on activities undertaken by the Agency during the prior month. The Agency shall assure that it reports all program income received on this Report as required in Part III, Section 4(H) of this Agreement.

2. THE COUNTY AGREES TO:

- (A) Reimburse the Agency on a monthly basis for services provided at the reimbursement rate as shown below. The total reimbursement amount shall not exceed \$12,743, and the reimbursement rate shall not exceed \$88.49 for each individual served who has sickle cell disease or sickle cell trait. In the event of closure of the facility due to a natural disaster, the Agency may continue the program at a comparable location in order to obtain reimbursement, subject to DES approval.
- (B) Provide overall administration and coordination of activities to ensure that planned activities are completed in a timely manner.
- (C) Monitor the Agency at any time during the term of this Agreement. Visits may be scheduled or unscheduled as determined by DES, may be conducted by DES staff or its contractor, and will ensure compliance with U.S. HUD regulations, that planned activities are conducted in a timely manner, and verify the accuracy of reporting to DES on program activities.
- (D) Assume the environmental responsibilities described at 24 CFR 570.604.

EXHIBIT "B"

COVER SHEET

LETTERHEAD STATIONERY

TO: Department of Economic Sustainability, Director
100 Australian Avenue, Suite 500
West Palm Beach, FL 33406

FROM: Sickle Cell Foundation of Palm Beach County, Inc.
1600 N. Australian Avenue
West Palm Beach, FL 33407

Telephone: _____

SUBJECT: INVOICE REIMBURSEMENT – R-20 __ - ____

Attached you will find Invoice # _____ requesting reimbursement in the amount of \$ _____. The expenditures for this invoice cover the period through _____. You will also find attached supporting documentation relating to the expenditures involved.

Approved for Submission

Date

EXHIBIT "C"

CLIENT MONTHLY ROSTER

Month(s) Covered: _____

Client ID Number	Date of Service

Client ID Number	Date of Service

Total Clients Assisted During the Current Reporting Period: _____

I certify that the contents of this record are correct and I hereby submit this report as documentary evidence for reimbursement under terms of our CDBG Agreement with DES. I further acknowledge that all information herein is subject to verification by DES, Palm Beach County, U.S. HUD or their agents.

(Signature)

(Date)

(Printed Name and Title)

EXHIBIT "D"

DIRECT BENEFITS ACTIVITIES

Subrecipient/Program Name: Sickle Cell Foundation of Palm Beach County (CDBG) Agreement: R20__ - _____ Month/Year Reported: _____

	TOTAL Number of Individuals	Total Number of Individuals or Households Served Who Are:										
		Income:					Racial/Ethnic Characteristics:				Female Headed Households	
		Over 80%	Moderate Income 51%- 80%	Low Income 31%- 50%	Very Low Income <30%	TOTAL	Racial Category	#Total		# Hispanic		
This Month	YTD							This Month	YTD			
Total Unduplicate d Number Served This Month:	* _____						White:					
							Black/African American:					
							Asian:					
							American Indian/Alaskan Native:					
							Native Hawaiian/Other Pacific Islander:					
							American Indian/Alaskan Native & White:					
							Asian & White:					
							Black/African American & White:					
							Am. Indian/Alaskan Native & Black African Am:					
							Other Multi-Racial:					
Total Unduplicate d Number Served Year- to-Date (YTD):	** _____										This Month	
						TOTAL	_____*	_____**	_____	_____	YTD	

* These totals must agree.

** These totals must agree with each other and be consistent with any previously submitted figures.

EXHIBIT "E"

DETAILED PERFORMANCE REPORT

A. AGREEMENT INFORMATION

AGREEMENT NUMBER: R20____ - _____ Month Covered: _____

Agency: Sickle Cell Foundation of Palm Beach County, Inc.

Address: 1600 N. Australian Avenue, West Palm Beach, Florida 33407

Person Preparing Report: _____

Signature and Title: _____

Contract Effective Dates: _____

B.1. CONTRACT FUNDING

	<u>Budgeted</u>	<u>Expended</u>	<u>Percentage</u>
Total Project:	\$ _____	\$ _____	_____ %
CDBG Funding:	\$ _____	\$ _____	_____ %
ESGP Funding:	\$ _____	\$ _____	_____ %
Other Funding:	\$ _____	\$ _____	_____ %

Detailed expenditures for the period:

B.2. DECLARATION OF PROGRAM INCOME:

All income earned by the Agency from activities directly financed with CDBG funding must be reported below. When calculating the amount of income earned by the activity, prorate the amount by the percentage of the activity being funded by CDBG. Program income may be retained by the Agency if the income is treated as additional CDBG funds to further support the activities defined in Exhibit "A", Work Program Narrative Section of the Agreement. However, any program income remaining at the expiration of the Agreement must be remitted to DES.

	<u>Received This Period</u>	<u>Received To Date</u>
Program Income:	\$ _____	\$ _____

Source of Program Income:

B.3. DESCRIBE ANY ATTEMPTS TO SECURE ADDITIONAL FUNDING:

A. HIGHLIGHTS OF THE PERIOD:

B. ACTIVITIES #BENEFICIARIES BENEFICIARIES CONTRACT GOAL
 THIS PERIOD YTD

C. NEW PROJECTS INITIATED OR SIGNIFICANT CHANGES IN OPERATION:

D. PROBLEMS/CONSTRAINTS:

E. TECHNICAL ASSISTANCE NEEDED AND/OR REQUESTED:

EXHIBIT "F"
Project Budget

ORGANIZATION: The Sickle Cell Foundation of Palm Beach County & Treasure Coast
PROGRAM: Glades Project
FY 2012-13 PALM BEACH COUNTY CDBG

CONTACT NAME: Festus Frank Hayden
TITLE: CEO
PHONE: 561-833-3113

A. PERSONNEL EXPENSES

Salaries:

	FTE	Annual Salary	% Alloc to Program	CDBG Funding	% Alloc to Program	ESGP Funding	% Alloc to Program	FAA Funding	% Alloc to Program	Indirect County Funding	% Alloc to Program	Sickle Cell Fund Raising	% Alloc to Program	Other Funding CSC	% Alloc to Program	Other Funding DOH	Total
Case Manager Glades Project	1	\$31,000	41.10%	\$12,743		\$0		\$0		\$0		\$18,257		\$0		\$0	\$31,000
Executive Director	1	\$55,000		\$0		\$0		\$0		\$0	58.90%	\$18,257		\$0		\$0	\$55,000
Case Mgr Sr. Haitian Project	1	\$32,000		\$0		\$0	100%	\$32,000		\$0		\$44,000	20%	\$11,000		\$0	\$32,000
Program Supervisor CV	1	\$44,000		\$0		\$0		\$0		\$0		\$0		\$0		\$0	\$44,000
Case Mgr State	1	\$24,000		\$0		\$0		\$0		\$0		\$0	100%	\$44,000		\$0	\$24,000
Lay Health Workers CV	4	\$134,000		\$0		\$0		\$0		\$0		\$0		\$0	100%	\$24,000	\$134,000
Admin Assist	1	\$29,325		\$0		\$0		\$0		\$0		\$0	100%	\$134,000		\$0	\$29,325
	10	\$349,325		\$12,743		\$0		\$32,000		\$0	50%	\$14,662	50%	\$14,663		\$0	\$29,325
Fringe Benefits:																	
Health Life and DI				\$0		\$0		\$5,098		\$0		\$4,158		\$33,867		\$962	\$44,081
FICA				\$0		\$0		\$2,415		\$0		\$0		\$15,278		\$1,714	\$19,407
Workers Compensation				\$0		\$0		\$470		\$0		\$0		\$2,994		\$353	\$3,817
Florida UC				\$0		\$0		\$216		\$0		\$497		\$1,231		\$216	\$2,160
				\$0		\$0		\$8,200		\$0		\$4,655		\$53,369		\$3,244	\$69,461
Sub-Total Personnel				\$12,743		\$0		\$40,200		\$0		\$81,574		\$257,032		\$27,244	\$418,791
B. OPERATING COSTS																	
1 Professional Fees																	
Audit Fees				\$0		\$0		\$500		\$0		\$2,350		\$950		\$0	\$3,800
Accounting				\$0		\$0		\$2,880		\$0		\$7,539		\$22,320		\$0	\$33,739
Sub-Contractors				\$0		\$0		\$0		\$0		\$10,587		\$93,219		\$0	\$103,806
2 Insurance				\$0		\$0		\$1,800		\$0		\$12,677		\$2,433		\$0	\$16,910
3 Supplies				\$0		\$0		\$6,510		\$0		\$3,604		\$83,828		\$0	\$93,942
4 Communications/Postage/Shipping				\$0		\$0		\$2,529		\$0		\$17,919		\$11,010		\$0	\$31,458
5 Occupancy				\$0		\$0		\$1,523		\$0		\$4,591		\$28,288		\$0	\$34,402
6 Travel				\$0		\$0		\$7,020		\$0		\$3,083		\$6,377		\$1,520	\$18,000
Subtotal Operating Costs				\$0		\$0		\$22,762		\$0		\$62,350		\$248,425		\$1,520	\$335,057
C. ADMINISTRATIVE COSTS																	
				\$0		\$0		\$1,511		\$0		-\$87,508		\$83,221		\$2,776	\$0
TOTAL PROGRAM BUDGET				\$12,743		\$0		\$64,473		\$0		\$56,416		\$588,678		\$31,540	\$753,841



CERTIFICATE OF LIABILITY INSURANCE

SICKL-1

OP ID: PR

DATE (MM/DD/YYYY)

08/07/12

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	NAIC #
		INSURER A: General Ins.Co.of America	
		INSURER B: American States Insurance Co.	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED
Sickle Cell Foundation of Palm Beach County, Inc.
1600 N Australian Ave.
West Palm Beach, FL 33407

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	24CC30094801	03/17/12	03/17/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		24CC30118201	03/17/12	03/17/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS 0		01SX16325901	03/17/12	03/17/13	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab		LP7739871	03/17/12	03/17/13	Prof Liab 1mil/3mil
A	Property		24CC30094801	03/17/12	03/17/13	Prp Blnkt 344,000

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, c/o Department of Economic Sustainability are additional insured with respect to general liability per written contract.

CERTIFICATE HOLDER**CANCELLATION**

PALMB10 Palm Beach County 100 Australian Ave., Ste 500 West Palm Beach, FL 33406	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 