

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

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Meeting Date: July 16, 2013      [X] Consent [ ] Regular
                                  [ ] Ordinance [ ] Public Hearing

Department
Submitted By: Community Services
Submitted For: Financially Assisted Agencies
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I. EXECUTIVE BRIEF


Motion and Title: Staff recommends motion to approve: Amendment No. 01 to the Contract for Provision of Financial Assistance with the Palm Beach County Food Bank (R2013-0028) for the period October 1, 2012, through September 30, 2013, increasing funding by \$14,000 for a new amount not to exceed \$89,000.

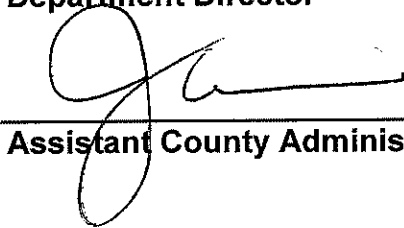
Summary: The Palm Beach County Food Bank (PBC Food Bank) is dedicated to substantially reducing hunger among local residents. Palm Beach County lacks tens of millions of pounds of nutritious food annually to take care of its hungry children, adults and seniors. The PBC Food Bank distributes produce, meat and package goods free to more than 120 Palm Beach County soup kitchens, homeless shelters and food pantries. Funds for the services provided currently pays for the distribution of the food products. Additional funds will allow the PBC Food Bank to add the Supplemental Nutrition Assistance Program (SNAP) which will assist agencies throughout the county to enroll eligible residents in this new program. The addition of this service will help accelerate the application process and assist residents in securing benefits that will help them put food on the table. Countywide (TKF)

Background & Justification: In providing for human service needs, Palm Beach County augments its own service mix through the provision of funding for programming and services delivered by community-based agencies. The Financially Assisted Agencies program was established in the early 1980s to overcome the adverse impact of reduced federal funding. It is now an important component of the federal, state and local funding sources that support our County's system of care. The Board of County Commissioners has directed staff to pursue data-driven, evidenced-based programming and outcome measures that ensure effective changes in people's lives in our community. Funded organizations are monitored by the Community Services Department to maintain programmatic and fiscal accountability. Contracts include the following safeguards to protect the County: insurance coverage is mandatory, funds are paid out on a unit cost basis and funds cannot be used to initiate or to pursue litigation against the County.

Attachment: Amendment No. 01 to Contract for Provision of Financial Assistance

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Recommended By:              6/25/13
                  Department Director                        Date

Approved By:          7/9/13
                  Assistant County Administrator            Date
  
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II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2013	2014	2015	2016	2017
Capital Expenditures					
Operating Costs	14,000				
External Revenue					
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	14,000				
# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included In Current Budget? Yes X No

Budget Account No.:

Fund 0001 Dept 740 Unit 2524 Object 8201 Program Code Program Period

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

Funding source is from existing FAA unallocated category. The program is funded through Ad Valorem taxes.

C. Departmental Fiscal Review: *mal*
 Taruna Malhotra, Director, Financial & Support Svcs

III. REVIEW COMMENTS

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

OFMB *[Signature]* 6/28/2013 *[Signature]* 7/8/13
cc 6/27/13 4/21 Contract Development and Control *7-8-13 B. P. Kucala*

B. Legal Sufficiency:

[Signature] 7/8/13
 Chief Assistant County Attorney

C. Other Department Review:

 Department Director

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

**AMENDMENT TO FINANCIALLY ASSISTED AGENCIES
CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE**

THIS AMENDMENT TO THE FINANCIALLY ASSISTED AGENCIES CONTRACT (R20130028) made and entered into at West Palm Beach Florida, on this ____ day of _____ 2013, by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and **Palm Beach County Food Bank, Inc.** hereinafter referred to as the "AGENCY", a not-for-profit corporation, authorized to do business in the State of Florida, whose Federal Tax I.D. is **90-0788707**.

WITNESSETH:

WHEREAS, the need exists to modify services contracted for through this contract.

NOW THEREFORE, the above named parties hereby mutually agree that the contract is hereby amended as follows:

- I. Addition of Supplemental Nutrition Assistance Program (SNAP) services is added as a an eligible service that may be reimbursed in accordance with Exhibits A1 and B1.
- II. Exhibit A is hereby amended and replaced with Exhibit A1 attached hereto and made a part hereof.
- III. Exhibit B is hereby amended and replaced with Exhibit B1 attached hereto and made a part hereof.

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 this 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:

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: _____
Steven Abrams, Mayor

WITNESS:

AGENCY:

Signature

Palm Beach County Food Bank Inc.
AGENCY's Name Typed

Name Typed

BY Perez J. Borman
Signature

AGENCY's Federal ID Number

Perez J. Borman
AGENCY's Signatory Name Typed

Executive Director
AGENCY's Signatory Title Typed

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

**APPROVED AS TO TERMS AND CONDITIONS
Department of Community Services**

Assistant County Attorney

By: Channell Wilkins
Channell Wilkins, Director

**EXHIBIT A1
SCOPE OF WORK & SERVICE UNITS
2013 FINANCIAL ASSISTANCE CONTRACT**

**Agency Name: Palm Beach County Food Bank, Inc.
Program Name: Food Distribution**

Description of supportive services for Palm Beach County Food Bank:

Palm Beach County Food Bank is dedicated to substantially reducing hunger among local residents. Our county lacks tens of millions of pounds of nutritious food annually to take care of its hungry children, adults and seniors. The Palm Beach County Food Bank was formed out of the work of the former Community Food Alliance and Community Food Trucks.

Program description:

Palm Beach County Food Bank distributes produce, meat and package goods free to more than 120 Palm Beach County soup kitchens, homeless shelters and food pantries. During the past year, more than 30,000 local needy families including more than 100,000 individuals were assisted. Millions of pounds of food that otherwise would be thrown away is donated to the food bank by local farmers, restaurants, events, hotels, retailers and wholesalers and then distributed throughout the county, including Belle Glade and Pahokee. The Palm Beach County Food Bank registers local food programs and ensures they have safe food handling training.

Program Name: SNAP Outreach Specialist

Description of supportive services for Palm Beach County Food Bank:

Palm Beach County Food Bank is dedicated to substantially reducing hunger among local residents. Our county lacks tens of millions of pounds of nutritious food annually to take care of its hungry children, adults and seniors. The Palm Beach County Food Bank was formed out of the work of the former Community Food Alliance and Community Food Trucks.

PROGRAM DESCRIPTION:

The Supplemental Nutrition Assistance Program (SNAP) is the first line of defense against hunger and under-nutrition in the U.S. While growth in the program in Palm Beach County has significantly increased from 55,000 residents in 2008 to 185,000 residents in 2012, recent research estimates the potentially eligible population to be much greater. In partnership with the Florida Department of Children and Families, the SNAP Outreach Benefit Specialist works with local organizations to enroll eligible residents in the program. The SNAP Outreach Benefits Specialist is granted the authority (through a Federal waiver) to conduct the "food stamp interview," which is typically completed by a state government employee. This program accelerates the application process and assists residents in securing benefits that will assist them putting food on the table.

**EXHIBIT B1
UNITS OF SERVICE DEFINITION 2013
FINANCIAL ASSISTANCE CONTRACT**

Agency: **Palm Beach County Food Bank, Inc.**

Service Name and Definition of Unit of Service	Unit Cost	Total Cost Of Service
Palm Beach County Food Bank will provide food distribution throughout Palm Beach County through the Palm Beach County Food Bank. The billing rate of food delivered is determined through the Feeding America 2011 Audit which is calculated at \$1.66 per pound. Palm Beach County will pay \$0.83 per pound which represents a cost share of 50% of the recognized unit cost.	\$0.83	\$75,000
The SNAP Outreach Specialist will work with agencies throughout Palm Beach County to enroll eligible residents in the SNAP program. The cost per approved SNAP application is \$63. Palm Beach County will pay \$63 per approved application.	\$63	\$14,000
<u>TOTAL CONTRACT</u>		<u>\$89,000</u>

All of the funding will go to services for residents of Palm Beach County.

The AGENCY is allowed to expend up to \$4,000 for initial certification or \$1,500 for the annual renewal fee out of this FY 2013 contract. This option exercised by the agency will be taken from the approved budget thus reducing the number of units to be provided. Certification is a requirement of contracting with the COUNTY as referenced in Article 14 of this contract.



CERTIFICATE OF LIABILITY INSURANCE

OP ID: SZ

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

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 Brown & Brown of Florida, Inc. Daytona Beach Office P.O. Box 2412 Daytona Beach, FL 32115-2412 Chris Tolland		386-252-9601 386-239-5729	CONTACT NAME: STEPHANIE REYNOLDS PHONE (A/C No. Ext.): 386-239-4058 FAX (A/C No.): 386-323-9110 TE-MAIL ADDRESS: SREYNOLDS@BBDAYTONA.COM PRODUCER CUSTOMER ID #: PALMB-4
INSURED PALM BEACH COUNTY FOOD BANK, INC. 301 FIRST AVENUE LAKE WORTH, FL 33460		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Nationwide Mutual Ins Co	NAIC# 23787
		INSURER B: Bridgefield Employers	NAIC# 10701
		INSURER C: Great Amer Ins Co	NAIC# 16691
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	GL00000055363N	07/01/12	07/01/13	EACH OCCURRENCE \$ 1,000,000
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 3,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-PORT <input type="checkbox"/> LOC						PRODUCTS - COMPIOP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY		BA00000055362N	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					PIP \$ 10,000
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		CMB00000055364N	07/01/12	07/01/13	EACH OCCURRENCE \$ 1,000,000
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 1,000,000
	DEDUCTIBLE					
<input checked="" type="checkbox"/> RETENTION \$ NONE						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	83051244	07/01/12	07/01/13	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 500,000
A	SEXUAL ABUSE & MOL		PL00000055361N	07/01/12	07/01/13	E.L. DISEASE - POLICY LIMIT \$ 500,000
						EACH ABUS 300,000
						AGGREGATE 500,000

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 THE DEPARTMENT OF COMMUNITY SERVICES ARE AN ADDITIONAL INSURED WITH REGARD TO THE GENERAL LIABILITY AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER PALMB06 PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS 810 DATURA STREET #200 WEST PALM BEACH, FL 33401	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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NOTEPAD

INSURED'S NAME PALM BEACH COUNTY FOOD

PALMB-4
OP ID: SZ

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DATE 12/12/12

DIRECTORS & OFFICERS/EMPLOYMENT PRACTICES LIABILITY
GREAT AMERICAN INSURANCE COMPANY
POLICY #EP4031206
\$1,000,000 - DIRECTORS & OFFICERS AGGREGATE
\$1,000,000 - EMPLOYMENT PRACTICES LIABILITY AGGREGATE