PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: Au	gust 13, 2013	[X]	Consent Ordinance	[]	Regular Public Hearing			
Department Submitted By: Submitted For:	Community Servi Financially Assis	<u>ces</u>						
	I. EXE	CUTIV	E BRIEF	<u> </u>				
for Provision of Fin County, Inc. (R201	Motion and Title: Staff recommends motion to approve: Amendment No. 01 to Contract for Provision of Financial Assistance with The Center for Family Services of Palm Beach County, Inc. (R2012-1511) for the period October 1, 2012, through September 30, 2013, increasing funding by \$23,489 for transportation of homeless individuals to their home state.							
additional funds for \$48,917 and will be \$181,243. Funding transport homeless as well as case mediate Division of Hunwho qualify received	r the Traveler's Aid increased to \$72,40 under this amendn individuals to location anagement services Teams and the Senan Services, coord	d progra 06. The nent will ons whe es, and nator Pl inate wi sistance	am. This prog new total cont be used for ne ere permanent administrative nilip D. Lewis C th the agency e. The funding	gram intract are to the tract are to the track are	ry, Inc. has requested s currently funded at mount is not to exceed undable bus tickets to ng has been arranged, enses. The County's under the direction of ke sure all individuals is amendment is from atywide (TKF)			
Background and 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 FAA program was established in the early 1980's 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: Amer	ndment No. 01 to Co	ontract f	or Provision o	f Finar	ncial Assistance			
Recommended By		0 L						
Necommended D	Department Dire	ctor	<i></i>		Date			

Approved By:

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2013	2014	2015	2015	2017		
Capital Expenditures				-			
Operating Costs	23,489						
External Revenue	***************************************						
Program Income							
n-Kind Match (County)							
NET FISCAL IMPACT	23,489						
# ADDITIONAL FTE POSITIONS (Cumulative)							
Budget Account No.: Fund 0001 Dept 740 Unit 2020 Object 8201 Program CodeProgram Period FY13 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: Taruna Malhotra, Director, Financial & Support Svcs.							
III. REVIEW COMMENTS A. OFMB Fiscal and/or Contract Development and Control Comments:							
OFMB OFMB							
B. Legal Sufficiency:	\						
Chief Assistant County Attorney							
C. Other Department	Review:						
•							
Department Direct	or						

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

AMENDMENT 01

AMENDMENT TO FINANCIALLY ASSISTED AGENCIES CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE

THIS AMENDMENT TO THE FINANCIALLY ASSISTED AGENCIES CONTRACT (R2012-1511) made and entered into in Palm Beach County Florida, on this _____ day of _____ 20__ by and between PALM BEACH COUNTY, hereinafter referred to as "COUNTY" and The Center for Family Services of Palm Beach County, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 4101 Parker Avenue, West Palm Beach, Fl 33405.

WITNESETH:

WHEREAS, the parties entered in a contract on October 16, 2012, which provided for the Traveler's Aid program which assists homeless individuals in returning back to homes out of the state; and

WHEREAS, the contract currently has an expiration date of September 30, 2013 and;

WHEREAS, the need exists to further amend the contract to add additional dollars to the Traveler's Aid program by modifying Article 3 – Payments and Exhibit B "Units of Service Rate and Definition 2013, Financial Assistance Contract" and to modify Article 12.

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

- I. <u>Article 3 Payments</u> is amended to read "The COUNTY shall pay to the AGENCY for services rendered under this contract, an amount not to exceed <u>One Hundred Eighty-One Thousand, Two Hundred and Forty-Three Dollars (\$181,243)</u>.
- II. Exhibit B is hereby amended and replaced with Exhibit B1 attached hereto and made a part hereof.
- III. <u>Article 12 Remedies</u> is amended to add the following language: No provision of this Contract 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 Contract, including but not limited to any citizen or employees of the COUNTY and/or AGENCY.

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.

officials thereupon duly authorized. ATTEST: PALM BEACH COUNTY, FLORIDA, a Sharon R. Bock, Clerk & Comptroller Political Subdivision of the State of Florida **BOARD OF COUNTY COMMISSIONERS** Steven L. Abrams, Mayor Clerk & Comptroller WITNESS: AGENCY: The Center for Family Services of Palm Beach County Agency's Name Typed Signature Maria Padron Signature Name Typed 59-1084179 Dorla Leslie Agency's Signatory Name Typed Agency's Federal ID Number Chief Executive Officer Agency's Signatory Title Typed APPROVED AS TO TERMS AND CONDITIONS APPROVED AS TO FORM AND **LEGAL SUFFICIENCY Department of Community Services**

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed by their

Channell Wilkins, Director

istant County Attorney

EXHIBIT B-1

UNITS OF SERVICE RATE AND DEFINITION 2013 FINANCIAL ASSISTANCE CONTRACT

Agency:

acceptance by family and verify client arrival.

The Center for Family Services of Palm Beach County, Inc.

Service Name and Definition of Unit of Service	Unit Cost	Total Cost Of Service
Service: Emergency Shelter/Pat Reeves A unit of service is defined as a night of shelter, 1 hour case management, assessment services, action plan development, information and referral phone linkage services, food and food vouchers, clothing, bus pass, tutoring for children, rental assistance or utility assistance.	\$12.50	\$108,837
Service: Traveler's Aid A non-refundable bus ticket to transport an individual home out of the area. Case management service - Respond to call from client/agency, meet with client, process all necessary paperwork, travel to and forth from greyhound to purchase ticket and ensure that client leaves on the bus etc. Per discussion with staff, the entire process takes about 2 hours. Accounting service to process greyhound checks, approximately 15 minutes per check. Travel cost to meet with client and to assist client with departure at Greyhound bus terminal. Long distance telephone call to verify	\$234.89	\$72,406

TOTAL CONTRACT

\$181,243

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

CENTE-2 OP ID: MG

> DATE (MM/DD/YYYY) 07/12/13

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 Celedinas Insurance Group -PBG 4283 Northlake Bivd. Palm Beach Gardens, FL 33410 Mark Montgomery		561-622-2550 561-721-0540	- IV4II-/				
		İ	INSURER(S) AFFORDING COVERAGE		NAIC#		
			INSURER A : Philadelphia Insurance Co	•	23850		
INSURED	The Center for Family Services		INSURER B : Comp Options Insurance Co		10834		
	of Palm Beach County, Inc. 4101 Parker Ave		INSURER C: LLoyd's of London				
	West Palm Beach, FL 33405		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 INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GEN	NERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
Α	X	COMMERCIAL GENERAL LIABILITY	х		PHPK987417	03/01/13	03/01/14	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000
Α	Χ	Prof.Liab			PHPK987417	03/01/13	03/01/14	PERSONAL & ADV INJURY	\$	1,000,000
								GENERAL AGGREGATE	\$	3,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER;						PRODUCTS - COMP/OP AGG	\$	3,000,000
		POLICY PRO- LOC						Emp Ben.	\$	1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	Х	ANY AUTO			PHPK987417	03/01/13	03/01/14	BODILY INJURY (Per person)	\$	
		ALLOWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
l	X	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
Α	X	EXCESS LIAB CLAIMS-MADE			PHUB413191	03/01/13	03/01/14	AGGREGATE	\$	1,000,000
Ĺ		DED X RETENTION \$ 10,000							\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						X WC STATU- OTH- TORY LIMITS ER		
В	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A		OCWC000145301	10/01/12	10/01/13	E.L. EACH ACCIDENT	\$	1,000,000
	(Mai	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If ye	s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	ş	1,000,000
С	Pro	perty			BINDER	03/01/13	03/01/14	Building		1,356,783
						_		Contents		335,295

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Re: Roger K. Nielsen, Grant Compliance Specilist I
Palm Beach County Board of County Commissioners are named as additional insured with respects to the general liability as required by written contract. Umbrella policy follows form.

CERTIF	ICATE	HOL	DER

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.

Palm Beach County Board of County Commissioners **Dept of Community Svcs** 810 Datura Street West Palm Beach, FL 33401

AUTHORIZED REPRESENTATIVE



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