

**Motion and Title: Staff recommends motion to approve:**

## II. FISCAL IMPACT ANALYSIS

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

Fiscal Years	2014	2015	2016	2017	2018
Capital Expenditures					
Operating Costs	3,684,314				
External Revenue					
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	3,684,314				

# ADDITIONAL FTE POSITIONS (Cumulative)					
--	--	--	--	--	--

Is Item Included In Current Budget: Yes X No       

Budget Account No.:

Fund 0001 Dept. 148 Unit 1221 Obj. 3401 Program Code Var. Program Period: FY14

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

Funding source is Palm Beach County.

### C. Departmental Fiscal Review: TM

Taruna Malhotra, Director, Financial & Support Svcs.

## III. REVIEW COMMENTS

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

[Signature] 9/11/2013  
OFMB KD 9/11/13 cc 9/11/13

[Signature] 9/13/13  
Contract Development and Control  
9-13-13 [Signature]

### B. Legal Sufficiency:

[Signature]  
Chief Assistant County Attorney

### C. Other Department Review:

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

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

**AMENDMENT TO  
CONTRACT FOR PROVISION OF SERVICES**

**THIS AMENDMENT TO CONTRACT FOR PROVISION OF SERVICES** (R2012- 0612; dated May 1, 2012) made and entered into at West Palm Beach Florida. On this \_\_\_\_\_ day of \_\_\_\_\_, 2013 by and between, PALM BEACH COUNTY, a political subdivision of the state of Florida hereinafter referred to as "COUNTY" and the Gulfstream Goodwill Industries, Inc., hereinafter referred to as the "AGENCY", a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 1715 East Tiffany Drive, West Palm Beach, Florida 33407.

**WITNESSETH:**

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

**WHEREAS**, the contract currently has an expiration date of September 30, 2013 and is funded in the amount of Two Million Sixty Three Thousand and Thirty Four dollars \$2,063,034.

**WHEREAS**, the parties desire to extend the contract to September 30, 2014 and in the amount of Two Million One Hundred Sixty Thousand and Seven Hundred Nine Dollars (\$2,160,709).

**WHEREAS**, the parties agree that certain other amendments to the contract are necessary and appropriate.

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

1. Article 1 – Services will be modified to include the following:

No part of the funding is intended to benefit any specific individual or recipient. All funding is intended for the overall benefit of all recipients of the services provided by the programs being funded herein.

2. Article 2 is hereby amended to read, The AGENCY shall commence services on October 1, 2013 and complete services on September 30, 2014.

3. Article 3 is hereby amended to read, an amount not to exceed Four Million Two Hundred Twenty Three Thousand Seven Hundred and Forty Three Dollars (\$4,223,743).
4. Article 6 –AMENDMENTS TO FUNDING LEVELS will be modified to include the following: Any increase or decrease of funding for any of the AGENCY's contracted programs of up to 10% may be approved by the Director of Community Services. Any increase or decrease of funding over 10% must be approved by the Board of County Commissioners
5. Article 12 – REMEDIES will be modified to include the following:

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
6. Article 13.E is hereby amended to read; The AGENCY must maintain separate financial records for HRC Contract funds and account for all receipts and expenditures including direct and indirect cost allocations in accordance with Generally Accepted Accounting Principles (GAAP), by individual Programs. Agencies' HRC cost allocations are to be completed and posted to the general ledger on a monthly basis. These costs must support the unit rate and number of units billed. The agency will provide a final close out report and Financial Reconciliation Statement as set forth in Exhibit I on accounting for all funds expended hereunder no later than 30 days from the contract end date.
7. Article 13.F is hereby amended to read: Reimburse funds to COUNTY that are deemed misused, misspent or unspent.
8. ARTICLE 31 - SCRUTINIZED COMPANIES (when contract value is greater than \$1 million) shall be added:

As provided in F.S. 287.135, by entering into this Contract 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 Scrutinized Companies With Activities in Sudan List or Scrutinized Companies With Activities in The Iran Petroleum Energy Sector List created pursuant to F.S. 215.473.

If the County determines, using credible information available to the public, that a false certification has been submitted by AGENCY, this Contract may be terminated and a civil penalty equal to the greater of \$2 million or twice the amount of this Contract shall be imposed, pursuant to F.S. 287.135.
9. Exhibit "B-2" Pages 1 and 2 is hereby replaced by "B-3" Pages 1 and 2 attached hereto and made a part thereof.

10. Exhibit "H" is hereby replaced by "H-2" Pages 1 and 2 attached hereto and made part thereof.

11. Exhibit "I" is hereby attached hereto and made part thereof

**OTHER PROVISIONS:**

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

All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Contract on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:

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 L. Abrams, Mayor

WITNESS:

AGENCY:

  
Signature

Gulfstream Goodwill Industries, Inc.  
AGENCY's Name Typed

Kathryn Spencer  
Name Typed

BY:   
Signature

59-1197040

Marvin A. Tanck

AGENCY's Federal ID Number

AGENCY's Signatory Name Typed

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

Executive Director and CEO  
AGENCY's Signatory Title Typed

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

APPROVED AS TO TERMS AND  
CONDITIONS Department of Community  
Services

  
Channell Wilkins, Director

UNITS OF SERVICES AND BUDGET ALLOCATION

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

Definition of a Unit of Service for The Lewis Center	Number of Units of Service	Cost Per Unit of Service
<p><b>The Lewis Center Operations:</b> A unit of service is defined as one day of service. Operations includes but is not limited to: <u>Case Management</u> which encompasses: outreach &amp; engagement, program eligibility determination, intake &amp; assessment housing &amp; service plan development, case note entry, linkage &amp; referral to community &amp; mainstream resources, case management sessions, referral &amp; linkage to housing placement, job placement assistance, legal assistance, credit repair &amp; budgeting, financial assistance, monitoring, and evaluating program participant performance, data entry into CMIS, clinical case management supervision, clinical risk management supervision, attendance of meetings &amp; staffing, rapid re-housing placement &amp; follow up, initial and ongoing professional training &amp; certification/ licensing fees, computer, cell phone utilization, and mileage. <u>Housing Services</u> which encompasses 24 hour supervision of residents, tracking bed utilization, meal coordination, oversight of laundry services and onsite laundry equipment, coordination of hot box and room heaters (bed bugs), logging and securing of participant's belongings, room assignments, coordination of life skills training, coordination of computer utilization by participants and computer supplies, coordination of participant supplies, coordination of housing inspections and landlord negotiations for Rapid Re-Housing. <u>Engagement</u> services which encompasses activities that build relationships with homeless persons and families, data entry into CMIS. <u>Operations</u> which encompasses conducting &amp; evaluating background screenings, coordination of screening for weapons, coordination of day-to-day operations and on-site services, coordination of neighborhood meetings and issues, marketing The Lewis Center, conducting outreach to provide community education, attendance at agency, The Lewis Center, and/or homeless service provider meetings, preparation and distribution of reports as required, coordination of volunteers &amp; clothes closet, coordination of security and transportation, coordination of reception services and 24-hour phone line, coordination of health care services. <u>Nursing</u> services which encompasses a health screening and evaluation, first aid, maintain medical records, referral and linkage to medical services. <u>Transportation</u> services which encompasses conducting travel for participants, laundry and meals, fuel, insurance, ongoing maintenance and tracking and recording of mileage.</p>	365	\$4760.34

Definition of a Unit of Service for The Lewis Center	Number of Units of Service	Cost Per Unit of Service
<u>Navigation</u> services including but not limited to: Referral services for at-risk and homeless families and individuals to the Lewis Center, activities that build relationship with homeless persons, intake, linkage & referral to community & mainstream resources, data entry into CMIS, conducting outreach to provide community education, development and oversight of Policies and Procedures for the Lewis Navigation Services.		
<b>Administration:</b> A unit of service is defined as one day of operations. Administrative services encompass: participation in neighborhood meetings, conducting or participating in The Lewis Center related fund raising events, evaluation of fiscal, grant, CMIS, and funding reports as required, grant writing, processing payment of leases (first and last month) & utilities, general fiscal accounting and auditing of expenditures, supervision of staff, cell phone utilization, and mileage.	251	780.76

**BUDGET ALLOCATIONS:**

Operations Authorized	\$ 1,737,524
Leasing & Utilities (Off Site) Authorized	\$ 227,215
Administration Authorized	\$ 195,970
 Total Authorized	 \$ 2,160,709

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



To Evaluate the Delivery of Services to the residents and to monitor the contract, the following information and/or statistics shall be maintained by the AGENCY and submitted to COUNTY unless otherwise designated as follows.

Monthly Report to County:

Arrivals		Placement at Exit	
Total		Transitional Housing	
Gender		Rapid Re- Housing	
Male		Permanent Supportive Housing	
Female		Other	
Transgender Female to Male			
Transgender Male to Female			
Race			
American Indian or Alaskan Native			
Asian			
Black or African American			
Native Hawaiian or other Pacific Islander			
White			
Ethnicity			
Hispanic Latino			
Non-Hispanic Latino			
Guest Left/Declined			
Guest Ineligible			
Walk Ups			
Police Drop Off			
Total			
PBSO			
West Palm Beach			
Other Law Enforcement			
Placed at HRC (interim Housing)			
Total			
Male			
Female			

Quarterly Follow Up Report:

Gulfstream Goodwill 3 month Follow up Report for Quarter: \_\_\_\_\_

CMIS	Client Name	Entry Date	Exit Date	Discharge Placement	Employed at Discharge	3 mo Housing	3 mo Employment

**Financial Reconciliation Statement**

As required by the provisions of the Agreement/Contract between Palm Beach County ("the County") and Agency Name ("Agency") [Contract #] effective \_\_\_\_\_, 201\_\_, for \_\_\_\_\_, attached is a final financial reconciliation of the funds provided by County.

As shown in the attached (mark applicable box):

☐ All funds provided by Palm Beach County were spent in accordance with the provisions of the Agreement/Contract;

OR

☐ There were under expenditures in the amount of \$\_\_\_\_\_, which pursuant to the \_\_\_\_\_ Contract/Agreement, will be returned to Palm Beach County by \_\_\_\_\_ [date]; all other funds were spent in accordance with the provisions of the Agreement/Contract.

The undersigned states that he/she is the CFO or other individual dually authorized as stipulated in the contract to sign this type of document. The information attached is a true and accurate representation of the expenditure of Palm Beach County funds under the Agreement/Contract.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/15/2013

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 <b>Marsh &amp; McLennan Agency LLC</b> 1601 Belvedere Road Suite 300, East Tower West Palm Beach, FL 33406	CONTACT NAME: <b>Laura DiPersico</b> PHONE (A/C, No, Ext): <b>561 209-1682</b> FAX (A/C, No): <b>866 795-1370</b> E-MAIL ADDRESS: <b>ldipersico@mma-fl.com</b>
INSURED <b>Gulfstream Goodwill Industries, Inc.</b> 1715 Tiffany Drive East West Palm Beach, FL 33407	INSURER(S) AFFORDING COVERAGE INSURER A: <b>Philadelphia Indemnity Insuranc</b> NAIC #: <b>18058</b> INSURER B: <b>Wesco Insurance Company</b> <b>25011</b> INSURER C: 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 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			PHPK960457	12/28/2012	12/28/2013	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			PHPK960457	12/28/2012	12/28/2013	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			PHUB406624	12/28/2012	12/28/2013	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	WPP1100792-00-13042	06/01/2013	06/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Professional Liab Occurrence Basis			PHPK960457	12/28/2012	12/28/2013	\$1,000,000 Ea Occurrenc \$3,000,000 Aggregate

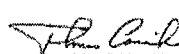
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: Homeless Resource Center, 1000 45th Street, West Palm Beach, FL 33407

Certificate Holder is included as Additional Insured as required by written contract, agreement or permit limited to the General Liability coverage.

## CERTIFICATE HOLDER

## CANCELLATION

Meghan Parnell, LMHC Palm Beach County Bd Of Cty Commissioners C/O Community Service Dept 810 Datura St., #250 West Palm Beach, FL 33401	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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**AMENDMENT TO  
CONTRACT FOR PROVISION OF SERVICES**

**THIS AMENDMENT TO CONTRACT FOR PROVISION OF SERVICES** (R2012-0613; dated May 1, 2012) 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 the Adopt-A-Family of the Palm Beaches, Inc., hereinafter referred to as the "AGENCY", a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 1712 2<sup>nd</sup> Avenue North, Lake Worth, Florida 33460.

**WITNESSETH:**

**WHEREAS**, the AGENCY has agreed to provide services in the Senator Philip D. Lewis Center hereinafter referred to as The Lewis Center; and

**WHEREAS** the contract currently has an expiration date of September 30, 2013 and is funded in the amount of One Million Four Hundred Twenty Six Thousand and Five Hundred Twelve Dollars (\$1,426,512).

**WHEREAS**, the parties desire to extend the contract to September 30, 2014 and in the amount of One Million Three Hundred Nineteen Thousand and Ninety Nine Dollars(\$1,319,099)

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

1. Article 1- Services will be modified to include the following:  
No part of the funding is intended to benefit any specific individual or recipient. All funding is intended for the overall benefit of all recipients of the services provided by the programs being funded herein.
2. Article 2 is hereby amended to read, the AGENCY shall commence services on October 1, 2013 and complete services on September 30, 2014.
3. Article 3 is hereby amended to read, an amount not to exceed Two Million Seven Hundred Forty Five Thousand Six Hundred and Eleven dollars (\$2,745,611).
4. Article 6 –AMENDMENTS TO FUNDING LEVELS will be modified to include the following:

Any increase or decrease of funding for any of the AGENCY's contracted programs of up to 10% may be approved by the Director of Community Services. Any increase or decrease of funding over 10% must be approved by the Board of County Commissioners

5. Article 12 – REMEDIES will be modified to include the following:  
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
6. Article 13.E is hereby amended to read; The AGENCY must maintain separate financial records for HRC Contract funds and account for all receipts and expenditures including direct and indirect cost allocations in accordance with Generally Accepted Accounting Principles (GAAP), by individual Programs. Agencies' HRC cost allocations are to be completed and posted to the general ledger on a monthly basis. These costs must support the unit rate and number of units billed. The agency will provide a final close out report and Financial Reconciliation Statement as set forth in Exhibit M on accounting for all funds expended hereunder no later than 30 days from the contract end date.
7. Article 13.F is hereby amended to read: Reimburse funds to COUNTY that are deemed misused, misspent or unspent.
8. ARTICLE 31 - SCRUTINIZED COMPANIES (when contract value is greater than \$1 million) shall be added:  
  
As provided in F.S. 287.135, by entering into this Contract 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 Scrutinized Companies With Activities in Sudan List or Scrutinized Companies With Activities in The Iran Petroleum Energy Sector List created pursuant to F.S. 215.473.  
  
If the County determines, using credible information available to the public, that a false certification has been submitted by AGENCY, this Contract may be terminated and a civil penalty equal to the greater of \$2 million or twice the amount of this Contract shall be imposed, pursuant to F.S. 287.135.
9. Exhibit "B-4" Pages 1 and 2 is hereby replaced by "B-5" Pages 1 and 2 attached hereto and made a part thereof.
10. Exhibit "E" is hereby replaced by "E-2" attached hereto and made a part thereof.

11. Exhibit "I" is hereby replaced by "I-2" attached hereto and made a part thereof.
12. Exhibit "J" is hereby replaced by "J-2" attached hereto and made a part thereof.
13. Exhibit "L" is hereby replaced by "L-2" Pages 1 and 2 attached hereto and made a part thereof.
14. Exhibit "M" is hereby attached hereto and made part thereof.

**OTHER PROVISIONS:**

All provisions in the Contract or exhibits to the Contract in conflict with this Fourth Amendment to the Contract shall be and are hereby changed to conform to the amendment.

All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Contract on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:

Sharon R. Bock, Clerk & Comptroller

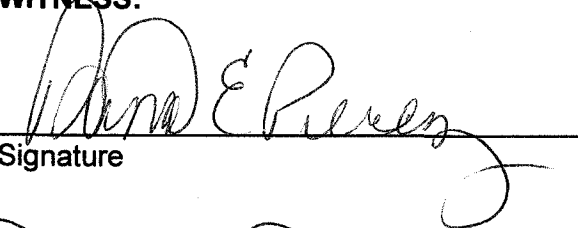
PALM BEACH COUNTY, FLORIDA, a  
Political Subdivision of the State of  
Florida

BOARD OF COUNTY COMMISSIONERS

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


BY: \_\_\_\_\_  
Steven L. Abrams, Mayor

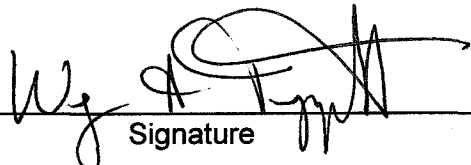
WITNESS:

  
Signature

AGENCY:

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

  
Name Typed  
59-2471253

BY:   
Signature  
Wendy Tippet

AGENCY's Federal ID Number

AGENCY's Signatory Name Typed

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

Executive Director  
AGENCY's Signatory Title Typed

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

APPROVED AS TO TERMS AND  
CONDITIONS Department of Community  
Services

  
Channell Wilkins, Director



## UNITS OF SERVICES AND BUDGET ALLOCATION

Agency: Adopt-A-Family Service/Program: Senator Philip D. Lewis Center

Definition of a Unit of Service for The Lewis Center	Number of Units of Service	Cost Per Unit of Service
<b>Mobilization-</b> Start up for this contract period at the Lewis Center. Mobilization funds must be expended on Lewis Center eligible activities as defined by Scope of Work. Any mobilization funds approved by the COUNTY to be carried forward through a contract extension will be expended on Lewis Center participants within the contract renewal period.	1	\$200,000
<b>Lewis Center Operations:</b> A unit of service is defined as one day of operation. Operations includes but is not limited to: <u>Case Management</u> which encompasses outreach, program eligibility determination, intake & assessment, data entry, housing & service plan development, case note entry, linkage & referral to community & mainstream resources, case management sessions, obtaining food vouchers, referral and linkage to housing placement, job placement assistance, legal assistance, credit repair & budgeting, financial assistance, monitoring & evaluating program participant performance, data entry into CMIS, clinical case management supervision, clinical risk management supervision, attendance of meetings & staffing, ongoing rapid re-housing aftercare, initial & ongoing professional training & certification/ licensing fees, computer, cell phone utilization, & mileage. <u>Housing Services</u> which encompasses tracking of interim bed utilization, coordination regarding on- site laundry services & onsite laundry equipment, logging & securing of participant's belongings, computer utilization by participants & computer supplies & participant supplies, coordination of hotel/motel utilization, coordination of available permanent housing options including inspections & landlord negotiations, coordination of available community resources. <u>Engagement</u> services encompass: activities that build relationships with homeless persons and families, data entry into CMIS. <u>Operation</u> services encompass conducting & evaluating background screenings, hiring & supervision of Lewis Center Staff, coordination with Gulfstream Goodwill regarding screening for weapons, hot box (bed bugs) utilization, day to day operations with on-site services, attendance at neighborhood meetings and issues addressed at neighborhood meetings, marketing The Lewis Center,	365	\$2,089.97

Definition of a Unit of Service for The Lewis Center	Number of Units of Service	Cost Per Unit of Service
conducting outreach to provide community education, attendance at agency, Lewis Center, and/or homeless service provider meetings, preparation and distribution of reports as required, development and oversight of Policies and Procedures for The Lewis Center Family Services. <u>Transportation</u> services encompass conducting travel for participants, fuel, insurance, ongoing maintenance and tracking and recording of mileage as well as obtaining bus passes and gas vouchers. <u>Navigation</u> services including but not limited to: Referral services for at-risk and homeless families and individuals to the Homeless Resource Center, activities that build relationship with homeless persons, intake, linkage & referral to community & mainstream resources, data entry into CMIS, conducting outreach to provide community education, development and oversight of Policies and Procedures for the HRC Navigation Services.		
<b>Administration:</b> A unit of service is defined as a day of operation. Administrative services encompass: participation in neighborhood meetings, conducting or participating in The Lewis Center related fund raising events, evaluation of fiscal, grant, CMIS, and funding reports as required, grant writing and budget preparation (to support housing programs/interventions to benefit The Lewis Center clients, payment of leases & utilities, general fiscal accounting and auditing of expenditures, supervision of staff, internal organizational meetings, cell phone utilization, and mileage.	251	\$504.35

**BUDGET ALLOCATIONS:**

<b>Mobilization Authorized</b>	<b>\$200,000</b>
<b>Lewis Center Operations Authorized</b>	<b>\$762,839</b>
<b>Hotel/Motel Authorized</b>	<b>\$163,583</b>
<b>Leasing and Utility (Off Site) Authorized</b>	<b>\$55,085</b>
<b>Family Reunification Authorized</b>	<b>\$11,000</b>
<b>Administration Authorized</b>	<b>\$126,592</b>

**Total Authorized** **\$1,319,099**

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

Adopt-A-Family of the Palm Beaches, Inc.

Contract # :

Invoice # :

Exhibit E-2:-Rapid Re-Housing

Date	Client	CMIS #	Rapid Re-Housing Expense

	\$
Total	-

Adopt-A-Family of the Palm Beaches, Inc.

Contract # :

Invoice # :

Exhibit I-2 :Hotel/Motel

Date	Client	CMIS #	Hotel/Motel Expense

	\$
<b>Total</b>	<b>-</b>



To Evaluate the Delivery of Services to the residents and to monitor the contract, the following information and/or statistics shall be maintained by the AGENCY and submitted to COUNTY unless otherwise designated as follows.

Monthly Report to County:

Individuals		Individuals	Individuals
Family Households		Family Households	Family Households
# of Adults		# of Adults	# of Adults
# of Children		# of Children	# of Children
Married		Married	Married
Single		Single	Single
Cohabiting		Cohabiting	Cohabiting
# of Clients receiving clinic services		Gender	Gender
Gender		Male	Male
Male		Female	Female
Female		Transgender Female to Male	Transgender Female to Male
Transgender Female to Male		Transgender Male to Female	Transgender Male to Female
Transgender Male to Female		Race	Race
Race		American Indian or Alaskan Native	American Indian or Alaskan Native
American Indian or Alaskan Native		Asian	Asian
Asian		Black or African American	Black or African American
Black or African American		Native Hawaiian or other Pacific Islander	Native Hawaiian or other Pacific Islander
Native Hawaiian or other Pacific Islander		White	White
White		Ethnicity	Ethnicity
Ethnicity		Hispanic Latino	Hispanic Latino
Hispanic Latino		Non-Hispanic Latino	Non-Hispanic Latino
Non-Hispanic Latino		Average Length of Stay for those in Motel that exited this month	
From Mini Assessments-			
Declined			
do not meet program criteria		# Discharged from Motel	
		Discharged to :	
Full Assessments Scheduled		Rental	
no show		Diversion	
completed		Terminated	
		Permanent Supportive housing	
From Full Assessments referred to		Shelter	
declined		Remained in motel as of last day of reporting month	
do not meet program criteria			
Motel			
shelter			
Diversion(staying with family/friends) or category 2			
Diversion (travelers aide)		# Terminated	

Quarterly Follow Up Report:

Adopt A Family 3 month Follow up Report for Quarter: \_\_\_\_\_

CMIS	Client Name	Entry Date	Exit Date	Discharge Placement	Employed at Discharge	3 mo Housing	3 mo Employment

**Financial Reconciliation Statement**

As required by the provisions of the Agreement/Contract between Palm Beach County ("the County") and Agency Name ("Agency") [Contract # ] effective \_\_\_\_\_, 201\_\_, for \_\_\_\_\_, attached is a final financial reconciliation of the funds provided by County.

As shown in the attached (mark applicable box):

☐ All funds provided by Palm Beach County were spent in accordance with the provisions of the Agreement/Contract;

OR

☐ There were under expenditures in the amount of \$\_\_\_\_\_, which pursuant to the \_\_\_\_\_ Contract/Agreement, will be returned to Palm Beach County by \_\_\_\_\_ [date]; all other funds were spent in accordance with the provisions of the Agreement/Contract.

The undersigned states that he/she is the CFO or other individual dually authorized as stipulated in the contract to sign this type of document. The information attached is a true and accurate representation of the expenditure of Palm Beach County funds under the Agreement/Contract.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name





ADOPT-01 ABRAHMSB

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/28/2013

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 Insurance Office of America-JUP Abacoa Town Center 1200 University Blvd, Suite 200 Jupiter, FL 33458	CONTACT NAME: <b>Floyd Nichols</b> PHONE (A/C, No, Ext): <b>(561) 776-0660</b> FAX (A/C, No): <b>(561) 776-0670</b> E-MAIL ADDRESS: <b>floyd.nichols@ioausa.com</b>
INSURED  Adopt-A-Family of the Palm Beaches, Inc. 1712 Second Avenue North Lake Worth, FL 33460	INSURER(S) AFFORDING COVERAGE INSURER A: <b>Philadelphia Insurance Companies</b> INSURER B: INSURER C: 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	ADDITIONAL INSURER	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <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"/> PROJECT <input type="checkbox"/> LOC			PHPK954982	12/7/2012	12/7/2013	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>3,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>3,000,000</b>
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> PIP \$10,000			PHPK954982	12/7/2012	12/7/2013	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>			PHUB404803	12/7/2012	12/7/2013	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b>
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Professional Liab</b>			PHPK954982	12/7/2012	12/7/2013	Each Accident <b>1,000,000</b>
A	<b>Claims Made 2/7/09</b>			PHPK954982	12/7/2012	12/7/2013	Aggregate <b>3,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

"The Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, It's Officers, Employees and Agents, in care of the Department of Community Services is named as Additionally Insured" with respects to General Liability Only.

## CERTIFICATE HOLDER

## CANCELLATION

Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida It's Officers, Employees and Agents c/o Department of Community Services 810 Datura Street, West Palm Beach, FL 33410	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 
--	---

ACORD 25 (2010/05)

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AGENCY CUSTOMER ID: ADOPOFT-01

ABRAHAMSB

LOC #: \_\_\_\_\_

## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Insurance Office of America-JUP		NAMED INSURED Adopt-A-Family of the Palm Beaches, Inc. 1712 Second Avenue North Lake Worth, FL 33460
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Remarks:

## Additional Coverage Included

Included In Philadelphia Policy #: PHPK954982

## Abuse or Molestation:

\$1,000,000 Each Abusive Conduct Limit

\$1,000,000 Aggregate Limit



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/02/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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

**COVERAGES**      **CERTIFICATE NUMBER:** 13FL075731618      **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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<b>Y/N</b> <input type="checkbox"/>	<b>N/A</b>	WC 29-38-687-11	06/01/2013	06/01/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
				<b>Location Coverage Period:</b>	06/01/2013	06/01/2014	<b>Client#</b> 1457-MAIN

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

CERTIFICATE HOLDER

CANCELLATION

Palm Beach County Board of County Commissioners, a Political  
by Subdivision of the State of Florida It s  
Officers, Employees, and Agents c/o Department of  
Community Services, 810 Datura Street  
West Palm Beach, FL 33410

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

**AMENDMENT TO  
CONTRACT FOR PROVISION OF SERVICES**

**THIS AMENDMENT TO THE CONTRACT FOR PROVISION OF SERVICES (R2012-0614; dated May 1, 2012) made and entered into in Palm Beach County Florida, on this \_\_\_\_\_ day of \_\_\_\_\_, 2013 by and between PALM BEACH COUNTY, hereinafter referred to as "COUNTY" and The Lord's Place, Inc., hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is P.O Box 3265 West Palm Beach, Florida 33402.**

**WITNESSETH:**

**WHEREAS**, the parties entered in a contract on **May 1, 2012**, which provided for the AGENCY to provide services in the Senator Philip D. Lewis Center; and

**WHEREAS**, the contract currently has an expiration date of September 30, 2013 and is funded in the amount of **Three Hundred Eighty Seven Thousand Six Hundred Sixty Eight Dollars(\$387,668).**

**WHEREAS**, the parties desire to extend the contract to September 30, 2014 and in the amount of **Two Hundred Four Thousand Five Hundred Six Dollars (\$204,506).**

**WHEREAS**, the parties agree that certain other amendments to the contract are necessary and appropriate.

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

1. Article 1 – Services will be modified to include the following:

No part of the funding is intended to benefit any specific individual or recipient. All funding is intended for the overall benefit of all recipients of the services provided by the programs being funded herein.

2. Article 2 is hereby amended to read, the AGENCY shall commence services on October 1, 2013 and complete services on September 30, 2014.
3. Article 3 is hereby amended to read, an amount not to exceed **Five Hundred Ninety Two Thousand One Hundred and Seventy Four Dollars (\$592,174).**
4. Article 6 – AMENDMENTS TO FUNDING LEVELS will be modified to include the following:

Any increase or decrease of funding for any of the AGENCY's contracted programs of up to 10% may be approved by the Director of Community Services. Any increase or decrease of funding over 10% must be approved by the Board of County Commissioners.

5. Article 13.E is hereby amended to read; The AGENCY must maintain separate financial records for HRC Contract funds and account for all receipts and expenditures including direct and indirect cost allocations in accordance with Generally Accepted Accounting Principles (GAAP), by individual Programs. Agencies' HRC cost allocations are to be completed and posted to the general ledger on a monthly basis. These costs must support the unit rate and number of units billed. The agency will provide a final close out report and Financial Reconciliation Statement as set forth in Exhibit H on accounting for all funds expended hereunder no later than 30 days from the contract end date.
6. Article 13.F is hereby amended to read: Reimburse funds to COUNTY that are deemed misused, misspent or unspent.
7. Exhibit "B-3" Pages 1, 2 and 3 is hereby replaced by "B-4" Pages 1, 2 and 3 attached hereto and made a part thereof.
8. Exhibit "E" is hereby replaced by "E-2" attached hereto and made of part thereof.
9. Exhibit "F" is hereby replaced by "F-2" attached hereto and made of part thereof.
10. Exhibit "G" is hereby replaced by "G-2" attached hereto and made of part thereof.
11. Exhibit "H" is hereby attached hereto and made part thereof.

#### **OTHER PROVISIONS**

All provisions in the Contract or exhibits to the Contract in conflict with this third 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 L. Abrams, Mayor

WITNESS:

  
\_\_\_\_\_  
Signature

Elizabeth B. Vogele  
\_\_\_\_\_  
Name Typed

59-2240502  
\_\_\_\_\_  
Agency's Federal ID Number

AGENCY:

The Lord's Place, Inc.  
\_\_\_\_\_  
Agency's Name Typed

BY   
\_\_\_\_\_  
Signature

Diana L. Stanley  
\_\_\_\_\_  
Agency's Signatory Name Typed

Chief Executive Officer  
\_\_\_\_\_  
Agency's Signatory Title Typed

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

\_\_\_\_\_  
Chief Assistant County Attorney

APPROVED AS TO TERMS AND CONDITIONS  
Department of Community Services

By:   
\_\_\_\_\_  
Channell Wilkins, Director

UNITS OF SERVICES AND BUDGET ALLOCATION

Agency: The Lord's Place

Definition of a Unit of Service for Homeless Resource Center	Number of Units of Service	Cost Per Unit of Service
<p><b><u>Job Training and Placement</u></b> A unit of training is defined as completion of full training program.</p> <p><u>Job Training</u> encompasses services and transportation geared toward empowering clients to learn soft and hard skills necessary to re-enter the community as competitive employees living independently; assess and assist in the creation of an individualized career plans. A client could attend: <u>Job Readiness Course</u> encompasses a 40-hour Job Readiness class for individuals with multiple barriers to employment which includes basic skills necessary for clients to obtain and maintain employment, utilizing small class sizes, which allow for individual attention. Curriculum includes: goal setting, interview skills, how to respond appropriately to common and challenging interview questions, resume and cover letter writing, basic computer skills, how to conduct an effective job search, overcoming barriers to employment such as criminal backgrounds and educational limitations, and obtaining appropriate clothing and materials for an interview and employment. Mock interviews are held with community leaders who conduct job interviews and provide constructive feedback</p> <p><u>Job Coaching</u> encompasses job coaching for 50% Lewis Center residents and 50% individuals referred by the Lewis Center personnel/partners placed in offsite housing.</p>	158.6	\$794.00
<p>A unit of job placement is defined as pre-employment activities &amp; obtaining actual employment.</p> <p><u>Job Placement:</u> Job Coaches and Job Training Instructors will share the responsibility of assessments of client's employability. A Job Coach is assigned to a client ready to begin job searching activities. Job Coaches will include: Intake and assessments, development of career plans including mapping and monitoring job search activities, referral to Job Readiness Course, assist individuals to</p>	40	\$1500

Definition of a Unit of Service for Homeless Resource Center	Number of Units of Service	Cost Per Unit of Service
complete job applications, monitor job searching through print media, internet, and leads from Job Development staff, track clients activities on a weekly basis and follow-up with clients and employers, to advocate and support clients post-placement, one-on-one counseling to prepare clients for job interviews and the reality of all aspects related to gaining and maintaining successful employment and post placement follow-up and support services. Job Placement includes securing appropriate employment through a Job Developer who has relationships with employers in the community. The Job Developer works closely with the Job Coaches and participants to identify employers to best match the participants' employment skills. Employment necessary to obtain permanent housing will be provided to 50% of the Lewis Center residents and 50% individuals referred by the Lewis Center personnel/partners placed in offsite housing.		
<b>Administration:</b> A unit of service is defined as day of operations. Administrative services encompass: participation in neighborhood meetings, conducting or participating in HRC related fund raising events, evaluation of fiscal, grant, CMIS, and funding reports as required, grant writing, payment of leases, security deposits & utilities, general fiscal accounting and auditing of expenditures, supervision of staff, cell phone utilization, and mileage.	251	\$74.07



**BUDGET ALLOCATIONS:**

<b>Job Training Authorized</b>	<b>\$ 125,915</b>
<b>Job Placement Authorized</b>	<b>\$ 60,000</b>
<b>Administration Authorized</b>	<b>\$ 18,591</b>
<b>TOTAL Authorized</b>	<b>\$ 204,506</b>

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





To Evaluate the Delivery of Services to the residents and to monitor the contract, the following information and/or statistics shall be maintained by the AGENCY and submitted to COUNTY unless otherwise designated as follows.

Monthly Report To County:

Job Readiness Course		# Lewis Center Residents	# Referred by Lewis Center Partners/Personnel
# of classes offered			
# of Participants			
# of Successful Exits (includes graduates and those exited due to employment)			
Job Placements			
Total # Placed this month			
Job Coaching			
# of clients receiving Job Coaching			

**Financial Reconciliation Statement**

As required by the provisions of the Agreement/Contract between Palm Beach County ("the County") and Agency Name ("Agency") [Contract #] effective \_\_\_\_\_, 201\_\_, for \_\_\_\_\_, attached is a final financial reconciliation of the funds provided by County.

As shown in the attached (mark applicable box):

☐ All funds provided by Palm Beach County were spent in accordance with the provisions of the Agreement/Contract;

OR

☐ There were under expenditures in the amount of \$\_\_\_\_\_, which pursuant to the \_\_\_\_\_ Contract/Agreement, will be returned to Palm Beach County by \_\_\_\_\_ [date]; all other funds were spent in accordance with the provisions of the Agreement/Contract.

The undersigned states that he/she is the CFO or other individual dually authorized as stipulated in the contract to sign this type of document. The information attached is a true and accurate representation of the expenditure of Palm Beach County funds under the Agreement/Contract.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/03/2013

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.

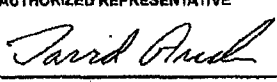
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Gulfstream Insurance Group Inc P.O. Box 8908 Fort Lauderdale, FL 33310-8908 David Arch	Phone: 954-561-2220 Fax: 954-566-0673	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Arch Insurance Company INSURER B: Guarantee Insurance Co INSURER C: Scottsdale Indemnity Co. INSURER D: Certain Und at Lloyds London INSURER E: INSURER F:
INSURED The Lord's Place, Inc. PO Box 3265 West Palm Beach, FL 33402		NAIC #

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 CERTIFICATION 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		NCPKG0164802	05/03/2013	05/03/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000
A	<input checked="" type="checkbox"/> Prof/Abs & Molest			NCPKG0164802	05/03/2013	05/03/2014	PERSONAL & ADV INJURY \$ 1,000,000
C	<input checked="" type="checkbox"/> D&O Liab-Clms Md			EKI3095361	05/03/2013	05/03/2014	GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 D&O/EPLI \$ \$3mil/3mil
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> Phys Dmg			NCAUT0164802	05/03/2013	05/03/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ comp/col ded \$ \$500/500
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			NCUMB0164802	05/03/2013	05/03/2014	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
	DED <input type="checkbox"/> RETENTION \$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	GWGC602001101-113	04/01/2013	04/01/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000
A	<input checked="" type="checkbox"/> Property-RC, Spec			NCPKG0164802	05/03/2013	05/03/2014	Bldg-TIV 7,405,600 BPP-TIV 781,920

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Shelter/Mission/Halfway Houses.  
The Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents, c/o Department of Human Services, is listed as additional insured with respect to general liability.

CERTIFICATE HOLDER	CANCELLATION
PALMB11  Palm Beach County Board of County Commissioners c/o Human Services 810 Datura Street West Palm Beach, FL 33401	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 The Lord's Place, Inc.

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OP ID: PR

DATE 05/03/13

Co: D, Ins: ICAT/WIND, POL #: 097560241026L01, Dates: 05/03/12-05/03/13,  
Limits: Policy coverage total-\$4,421,720., Locations: 4958, 4964, 4972,  
4973, 4978 & 4979 Wedgewood Way, West Palm Bch., FL 33417, Deduct: 3% or  
\$1,000 whichever is greater, by sum of TIV, per Location, per Occ.