

**Meeting Date:** May 20, 2014      [X] Consent    [ ] Regular  
   [ ] Ordinance    [ ] Public Hearing

**Department**

**Submitted By:** Community Services

**Submitted For:** Ryan White Part A

1. Health Support Services Amendment with FoundCare, Inc.
2. Health Support Services Amendment with Health Care District of PBC

Recommended By: [Signature] 5/2/14  
Department Director Date

Approved By: [Signature] 5/13/14  
Assistant County Administrator Date

## II. FISCAL IMPACT ANALYSIS

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

Fiscal Years	2014	2015	2016	2017	2018
Capital Expenditures					
Operating Costs	25,000				
External Revenue	(25,000)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0				

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

Budget Account No.:

Fund 1010 Dept 142 Unit Var Object Var Program Code Var Program Period Var

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

Funding source is the Department of Health and Human Services.

### C. Departmental Fiscal Review:

Taruna Malhotra, Director, Financial & Support Svcs

## III. REVIEW COMMENTS

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

OFMB 5/12/14  
cc  
5/17

Barbara Wheeler 5-12-14  
for Contract Development and Control

### B. Legal Sufficiency:

Chief Assistant County Attorney 5/12/14

### C. Other Department Review:

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

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

**AMENDMENT TO RYAN WHITE PART A  
HIV HEALTH SUPPORT SERVICES**

**THIS AMENDMENT TO THE RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES CONTRACT** (Document No. R2013 0523, dated May 7, 2013) made and entered into at West Palm Beach Florida, on this \_\_\_\_\_ day of \_\_\_\_\_, 2014 by and between PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and FoundCare, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 2330 South Congress Avenue, West Palm Beach, Florida 33406.

**WITNESSETH:**

**WHEREAS**, the need exists to amend the contract to change the reimbursement methodology for **Oral Health Care**.

**NOW THEREFORE**, the above named parties hereby mutually agree that the Contract entered into on May 7, 2013 is hereby amended as follows:

**I.** New terms of reimbursement reads as follows:

**Oral Health Care** – Will be reimbursed at the actual cost of the Oral Health Care services as evidenced by copies of paid receipts, copies of checks, invoices, of other documents acceptable to the Palm Beach County Department of Community Services, plus an administrative fee not to exceed ten percent (10%).

**II.** Total contract not to exceed amount will be \$1,074,573.

**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 parties hereto have caused this two (2) page Amendment to be executed by their officials thereupon duly authorized.

ATTEST:  
Sharon R. Bock  
Clerk and Comptroller

PALM BEACH COUNTY  
BOARD OF COUNTY  
COMMISSIONERS

By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
~~Robert Weisman~~  
~~County Administrator~~  
Priscilla A. Taylor, Mayor

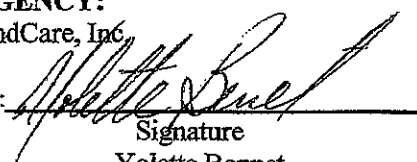
\_\_\_\_\_  
Date

WITNESS:

  
Signature

Robbin J. Rodriguez  
Witness Name

AGENCY:  
FoundCare, Inc.


By:   
Signature  
Yvette Bonnet  
Chief Executive Officer

3/28/14  
Date

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

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

APPROVED AS TO TERMS  
AND CONDITIONS

  
Channell Wilkins  
Director  
Palm Beach County  
Department of Community Services



Palm Beach County  
Division of Community Services  
810 Datura Avenue  
West Palm Beach, FL 33401

March 11, 2014

Re: Vehicles

To Whom It May Concern:

Please be advised that FoundCare, Inc. has no owned motor vehicles and has owned no vehicles for the dates including March 1, 2014 through the present day, and foresees having no owned vehicles up to and including May 31, 2014.

My signature below certifies that the above statement is true to the best of my knowledge.

March 11, 2014

Rik Pavlescak, Chief Operating Officer  
FoundCare, Inc.



Palm Beach County  
Division of Community Services  
810 Datura Avenue  
West Palm Beach, FL 33401

March 11, 2014

Re: Subcontractor Insurance

To Whom It May Concern:

Please be advised that FoundCare, Inc. subcontracts a number of Ryan White services to licensed providers in Palm Beach County. These include home health care, medical transportation, mental health, and residential substance abuse treatment. FoundCare, Inc. maintains contract files for each subcontractor which includes current copies of their licenses and insurance certificates. FoundCare, Inc. requires each subcontractor to maintain the same insurance limits as FoundCare, Inc.

My signature below certifies that the above statement is true to the best of my knowledge.

March 11, 2014

Rik Pavlescak, Chief Operating Officer  
FoundCare, Inc.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/21/2014

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 NSI Insurance Group 8181 Northwest 154th Suite 230 Miami Lakes FL 33016	CONTACT NAME: Josette Toussaint PHONE (A/C No. Ext): (305) 556-1488 E-MAIL ADDRESS: josettet@nsigroup.org PRODUCER CUSTOMER ID: 00059374	FAX (A/C No): (305) 556-3680
INSURED FOUNDCARE, INC., DBA: FOUNDCARE Health Center 2330 S. Congress Avenue West Palm Beach FL 33406	INSURER(S) AFFORDING COVERAGE INSURER A: Evanston Insurance Co 35378 INSURER B: Kinsale Insurance Company 38920 INSURER C: Wesco Ins Co 25011 INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL1391707008 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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		SM894331	6/1/2013	6/1/2014	MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ Included
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO		SM894331	6/1/2013	6/1/2014	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
B	UMBRELLA LIAB					EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB					AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DEDUCTIBLE					
	<input type="checkbox"/> RETENTION \$		01000138160	8/19/2013	6/1/2014	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	WPFL1007920013064	7/1/2013	6/1/2014	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
A	Professional Liability		SM894331	6/1/2013	6/1/2014	E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Claims Made-Retro 1/27/09					Each Occurrence: 1,000,000
						General Aggregate: \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 104, Additional Remarks Schedule, if more space is required)  
30 days notice of cancellation except 10 days for nonpayment of premium  
Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents, c/o Department of Community Services are added as Additional Insured with respect to General

CERTIFICATE HOLDER Palm Beach County Board of County Commiss Department of Community Services Attn: Ryan White Program Manager 810 Datura Street 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 G Nenezian/JOSETT
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## COMMENTS/REMARKS

Liability only.

OFREMARK

COPYRIGHT 2000, AMS SERVICES INC.



## Additional Named Insureds

Other Named Insureds

FOUNDCARE Health Center

Doing Business As



MEMORANDUM

Department of  
Community Services

810 Datura Street  
West Palm Beach, FL 33401

(561) 355-4700

Fax: (561) 355-3863

www.pbcgov.com

**Palm Beach County  
Board of County  
Commissioners**

Priscilla A. Taylor, Mayor

Paulette Burdick, Vice Mayor

Steven L. Abrams

Hal R. Valeche

Jess R. Santamaria

Shelley Vana

Mary Lou Berger

**County Administrator**

Robert Weisman

*"An Equal Opportunity  
Affirmative Action Employer"*

**TO:** Robert Weisman, County Administrator  
Board of County Commissioners

**THRU:** Jon Van Arnam, Assistant County Administrator,  
Board of County Commissioners

**FROM:** Channell Wilkins, Director  
Community Services Department

**Date:** April 15, 2014

**RE:** Ryan White HIV Care Part A Contract Amendment

\*\*\*\*\*

In accordance with BCC approval granting signatory authority to the County Administrator or his designee (R-2013-0519), your signature is needed for the approval of the attached Ryan White HIV Care Part A Contract Amendment. The Department of Community Services is allocating funds from the GY 2013 grant award to The Health Care District of Palm Beach County. The total amount being allocated is \$25,000.

Palm Beach County Board of County Commissioners has been receiving Ryan White funding since 1994, which has assisted thousands of persons living with HIV/AIDS with medical and support services. These allocations are due to reallocation of funds.

The Contract Amendments will go to the BCC for receive and file on May 20, 2014 to allow the clerk's office to note and receive the documents in accordance with PPM CW-O-051.

If additional information is needed, please contact Geoffrey Downie, (561) 355-4730.

  
\_\_\_\_\_  
Director, Financial & Support Services

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

  
\_\_\_\_\_  
Assistant County Administrator

Enclosures: Resolution R-2013-0519  
One (1) Ryan White Contract Amendment

**RESOLUTION NO. R-2013-0519**

**RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, AUTHORIZING THE COUNTY ADMINISTRATOR, OR HIS DESIGNEE, SIGNATORY AUTHORITY ON CONTRACT AMENDMENTS FOR INDIVIDUAL RYAN WHITE CONTRACTED AGENCIES FOR NOT MORE THAN TEN PERCENT OF THE CONTRACTED AMOUNT OR \$150,000, WHICHEVER IS GREATER.**

**WHEREAS**, Palm Beach County has adopted an optional Home Rule Charter pursuant to Section 1(g) of Article VIII of the Florida State Constitution and Chapter 125 of the Florida Statutes; and

**WHEREAS**, Section 125.85, Florida Statutes, authorizes the delegation of any powers and duties not set forth therein by resolution or ordinance of the Board of County Commissioners; and

**WHEREAS**, the delegation of signing authority to the County Administrator, or his designee, on contract amendments not involving more than 10% or \$150,000 of the total agency contracted amount, whichever is greater. This would facilitate timely spending of grant funds which would better enable the grantee to avoid Federal penalty because 95% of grant funds must be spent within a program year; and

**WHEREAS**, the agenda process is, at times, not conducive to allowing documents to be executed with the greatest dispatch; and

**WHEREAS**, the delegation to the County Administrator, or his designee, the authority to execute amendments to standard contracts would eliminate delays caused by such items to be brought before the Board of County Commissioners and would therefore be consistent with the goal of the grantee to expend funds in compliance with the Federal mandate; and

**WHEREAS**, the specific delegation of signatory authority is in accordance with PPM#CW-O-051 when said documents follow the format as set forth in paragraph 2 herein below, which document is incorporated herein and made a part hereof.

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, as follows:**

1. The foregoing recitals are true and correct and are expressly incorporated herein by reference and made a part hereof.
2. The County Administrator, or his designee, is hereby expressly authorized to execute, on behalf of the Board of County Commissioners, contract amendments related to the Ryan White Part A Program funds.
3. This delegation of signature authority is strictly limited to the parameters set forth herein above so that the execution of the aforementioned document by the County Administrator constitutes a ministerial act on his part in accordance with PPM #CW-O-051.

4. The foregoing Resolution was offered by Commissioner Taylor, who moved its adoption. The motion was seconded by Commissioner Vana, and upon being put to a vote, the vote was as follows:

Commissioner Steven L. Abrams, Mayor	<u>Aye</u>
Commissioner Priscilla A. Taylor, Vice Mayor	<u>Aye</u>
Commissioner Hal R. Valeche	<u>Aye</u>
Commissioner Paulette Burdick	<u>Aye</u>
Commissioner Shelley Vana	<u>Aye</u>
Commissioner Mary Lou Berger	<u>Aye</u>
Commissioner Jess R. Santamaria	<u>Aye</u>

The Chair thereupon declared the Resolution duly passed and adopted this 7th day of May, 2013.

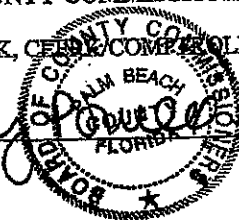
APPROVED AS TO FORM  
LEGAL SUFFICIENCY

By: [Signature]  
Chief Assistant County Attorney

PALM BEACH COUNTY, FLORIDA, BY ITS  
BOARD OF COUNTY COMMISSIONERS

SHARON R. BOCK, COUNTY COMPTROLLER

By: [Signature]  
Deputy Clerk



APPROVED AS TO TERMS  
AND CONDITIONS

BY: [Signature]  
DEPARTMENT HEAD

**AMENDMENT TO RYAN WHITE PART A  
HIV HEALTH SUPPORT SERVICES**

**THIS AMENDMENT TO THE RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES CONTRACT** (Document No. R2013 0525, dated May 7, 2013) made and entered into at West Palm Beach Florida, on this 24 day of April, 2014 by and between PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" Health Care District of Palm Beach County hereinafter, referred to as the DISTRICT, an independent Special Taxing District of the State of Florida subject to the terms of the Palm Beach County Health Care Act (2003 Fla. Laws 326-2003), whose address is 2601 10<sup>th</sup> Avenue North, Suite 100, Palm Springs, FL 33461, and whose tax ID number is 65-0145123.

**WITNESSETH:**

**WHEREAS**, the need exists to amend the contract to add funding for **Local Supplemental/ADAP Supplemental Drug Program**.

**NOW THEREFORE**, the above named parties hereby mutually agree that the Contract entered into on May 7, 2013 is hereby amended as follows:

- I. New Work Plan Exhibits "A1" attached hereto shall replace the Work Plan Exhibits "A" in its entirety.
- II. New Budget Exhibits "B1" attached hereto showing the new total budgets for funding shall replace the New Budget Exhibits "B" in its entirety.
- III. Increase funding for **Local Supplemental/ADAP Supplemental Drug Program** as by \$25,000 not to exceed \$384,524.
- IV. Total contract not to exceed amount will be \$399,345.

**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 parties hereto have caused this two (2) page Amendment to be executed by their officials thereupon duly authorized.

**ATTEST:**

Sharon R. Bock  
Clerk and Comptroller

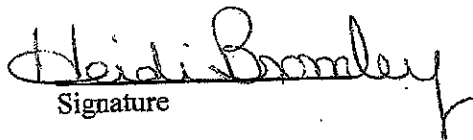
PALM BEACH COUNTY  
BOARD OF COUNTY  
COMMISSIONERS

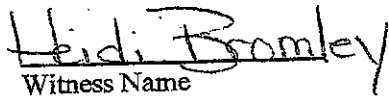
By: \_\_\_\_\_  
Deputy Clerk

By:   
Robert Weisman  
County Administrator

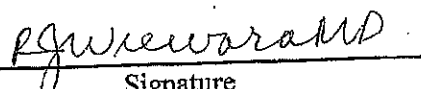
4/24/14  
Date

**WITNESS:**

  
Signature

  
Witness Name

**AGENCY:**  
Health Care District of Palm Beach County


By:   
Signature  
Ronald J. Wiewora, MD, MPH  
Chief Executive Officer

4/8/14  
Date

**APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY**

  
Chief Assistant County Attorney

**APPROVED AS TO TERMS  
AND CONDITIONS**

  
Channell Wilkins,  
Director, Palm Beach County  
Department of Community Services

#	Agency	Service	# to be served	# of units	Unit Cost, if applicable	Objective/s	Activities	Non-Duplicating Statement: Indicate any other program in your agency or other agency in the community which provide similar services. Explain how you will avoid duplication of services, or why additional units of services are needed.	Impact Statement: When the objective is accomplished, what impact will it have?
1	Health Care District of PBC	Drug Reimburs. Local and ADAP	608	20,706		(1)	(2)	There is no program in Palm Beach County that specifically addresses the HIV infection problems in the communities where hard-to-reach individuals and under-served populations are prevalent. Due to unique religious and cultural beliefs, language barriers, immigration status, and a basic mistrust of the traditional health care system, a special approach is required to reach this segment of the community.	Impact: Improve patients' health status. i.e. viral loads or CD4 counts and Increase the life span of the client. Unit of Service = One month filled prescription. Unit cost = Actual cost of the drug plus a three dollar (3.00) handling fee, per prescription. 20,706 units will be provided to Ryan White eligible clients. A unit of service includes one filled drug prescription, including information regarding dosages and adherence.
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- (1) To provide FDA approved prescription drugs included on the "Palm Beach County Title I Prescription Drug Formulary", and approved by the Palm Beach County HIV CARE Council, to Ryan White eligible clients; and to provide ADAP drugs (Approved by the State of Florida AIDS Drug Assistance Program and included on the ADAP formulary) to Ryan White eligible patients who are not eligible for the Florida AIDS Drug Assistance Program.
- (2)
  1. Review patient eligibility for Ryan White Program pursuant to Palm Beach County HIV CARE Council adopted standards and eligibility criteria.
  2. Disseminate Ryan White Drug Assistance Formulary to all participating pharmacies and physicians (known to HCDPBC) treating HIV/AIDS infected patients.
  3. Fill prescriptions for eligible Ryan White clients.
  4. Prepare monthly reports for DUR. Review and prepare a trend analysis of pharmaceutical usage. Review billing records.
  5. Prepare demographics, utilization, and other Community Service required reports.
  6. Audit for Grant compliance.



## Budget Summary

Page 1 of 4

Bottom of Page

**Agency - Program:** Health Care District - Nutritional Supplements - Formula  
**Fiscal Year:** RW-GY13  
**Contract #:** R2013-0525  
**CSC Program Allocation:** \$15,917  
**Budget Status:** Approved  
**Reviewed By:** teaton

## Salary Accounts

Account #	Title	Original Program Budget	Original CSC Budget	Amended CSC Budget
	Salary Totals:	0	0	0

## Expense Accounts

Account #	Title	Original Program Budget	Original CSC Budget	Amended CSC Budget
140.3101	Professional Services	0	0	0
140.3103	Medical/Health Care and Nutrition Services	0	0	0
140.3118	Dental Services	0	0	0
140.3125	Legal Services	0	0	0
140.3126	Interpreter Services	0	0	0
140.3127	Health Disabilities	0	0	0
140.3140	Consultant Services	0	0	0
140.3201	Audit Services	0	0	0
140.3203	Accounting and Consulting Services	0	0	0
140.3401	Other Contractual Services	0	0	0
140.3419	Contracted Food	0	0	0
140.3421	Training	0	0	0
140.3431	Laboratory Testing	0	0	0
140.3438	Emergency Assistance	0	0	0
140.4001	Travel Per Diem and Mileage	0	0	0
140.4101	Communication Services	0	0	0
140.4200	Child Transportation Services	0	0	0
140.4201	Other Transportation	0	0	0
140.4205	Postage/Shipping	0	0	0
140.4301	Utilities	0	0	0
140.4401	Rent	0	0	0
140.4405	Rent-Other Equipment	0	0	0
140.4601	Repair and Maintenance	0	0	0
140.4701	Printing and Graphics	0	0	0
140.4909	Licenses, Permits and Certifications	0	0	0
140.4932	Parent Activity	0	0	0
140.4945	Advertising	0	0	0
140.5101	Office Supplies	0	0	0
140.5111	Office Furniture And Equipment	0	0	0
140.5121	Data Processing Software/Accessories	0	0	0

140.5201	Materials/Supplies Operating	0	0	0
140.5202	Janitorial Supplies	0	0	0
140.5230	Medicine and Drugs	9,510	9,510	12,148
140.5231	Medical-Surgical Supplies	0	0	0
140.5233	Laboratory Supplies	0	0	0
140.5242	Food Prep and Serving Supplies	0	0	0
140.5243	Personal Care Items	0	0	0
140.5244	Food and Dietary	0	0	0
140.5401	Books, Publications and Subscriptions	0	0	0
140.5402	Educational Training Materials	0	0	0
140.5412	Dues and Memberships	0	0	0
140.6401	Machinery and Equipment	0	0	0
140.6405	Data Processing Equipment	0	0	0
140.6406	Data Processing Software	0	0	0
140.8000	Unit Cost - Direct Services	0	0	1,326
140.9000	Capital Improvements	0	0	0
800.1201	Salaries and Wages Regular Admin	0	0	0
800.2101	FICA-Taxes Admin	0	0	0
800.2105	FICA Medicare Admin	0	0	0
800.2112	Other Benefits Admin	0	0	0
800.2201	Retirement Contributions-FRS Admin	0	0	0
800.2301	Insurance-Life and Health Admin	0	0	0
800.2401	Workers' Compensation Admin	0	0	0
800.2501	Unemployment Compensation Admin	0	0	0
800.3201	Audit Services Admin	0	0	0
800.3203	Accounting and Consulting Service Admin	0	0	0
800.4001	Travel And Per Diem Admin	0	0	0
800.4101	Communication Services Admin	0	0	0
800.4301	Utilities Admin	0	0	0
800.4401	Rent Admin	0	0	0
800.5101	Office Supplies Admin	0	0	0
800.5201	Materials/Supplies Operating Admin	0	0	0
800.5242	Food Prep and Serving Supplies Admin	0	0	0
800.6401	Machinery and Equipment Admin	0	0	0
800.8000	Other Administrative	0	0	0
800.9515	Admin Costs-Indirect	1,057	1,057	1,347
820.1201	Salaries and Wages Regular Prgm	0	0	0
820.2101	FICA-Taxes Prgm	0	0	0
820.2105	FICA Medicare Prgm	0	0	0
820.2112	Other Benefits Prgm	0	0	0
820.2201	Retirement Contributions-FRS Prgm	0	0	0
820.2301	Insurance-Life and Health Prgm	0	0	0
820.2401	Workers' Compensation Prgm	0	0	0
820.2501	Unemployment Compensation Prgm	0	0	0
ESG	Personnel/Benefits	0	0	0
ESG	Telephone	0	0	0
ESG				

	Security Deposits	0	0	0
ESG	Utility Deposits	0	0	0
ESG	Rental Assistance	0	0	0
ESG	Equipment	0	0	0
ESG	Insurance	0	0	0
ESG	Utilities	0	0	0
ESG	Food	0	0	0
ESG	Supplies	0	0	0
ESG	Maintenance	0	0	0
ESG	Building Maintenance	0	0	0
ESG	Utilities/Metered Postage	0	0	0
ESG	Utility Assistance	0	0	0
ESG	Rent Assist/Utility Assist/Utility Dep	0	0	0
ESG	Hotel/Motel Vouchers	0	0	0
ESG	Emergency Rent & Utilities	0	0	0
ESG	Maintenance & Repairs	0	0	0
ESG	Security & Maintenance	0	0	0
ESG	Equipment Rental	0	0	0
ESG	Ind Housing Stab Case Management	0	0	0
ESG	Security	0	0	0
HRC	Mobilization Authorized	0	0	0
HRC	Lewis Center Op	0	0	0
HRC	Administration	0	0	0
HRC	Hotel/Motel	0	0	0
HRC	Leasing/Utility	0	0	0
HRC	Family Reunification	0	0	0
HRC	Job Training	0	0	0
HRC	Job Placement	0	0	0
Expense Totals:		10,567	10,567	14,821
Grand Totals:		10,567	10,567	14,821

\* To add a detail level program funder click on any general ledger account.

#### Program Funders

No Funders have been added to this budget.

#### Narrative Log

Date	User	Narrative
		New Will be reimbursed at the actual cost of the Nutritional Supp by copies of paid receipts, copies of checks, invoices, or other dc to the Palm Beach County Department of Community Services, a Supplement dispensing fee of Three Dollars (\$3.00) per unit, plu fee not to exceed ten percent (10%). The total reimbursable Nut not-to-exceed amount is \$10,567.

Email  
Comment:

\* Email will only be sent for approvals and rejections unless it was checked in the Approval Chain

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## Budget Summary

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**Agency - Program:** Health Care District - Drugs - Local Supp. - Formula  
**Fiscal Year:** RW-GY13  
**Contract #:** R2013-0525  
**CSC Program Allocation:** \$384,524  
**Budget Status:** Approved  
**Reviewed By:** teaton

**Salary Accounts**

Account #	Title	Original Program Budget	Original CSC Budget	Amended CSC Budget
	<b>Salary Totals:</b>	0	0	0

**Expense Accounts**

Account #	Title	Original Program Budget	Original CSC Budget	Amended CSC Budget
140.3101	Professional Services	0	0	0
140.3103	Medical/Health Care and Nutrition Services	0	0	0
140.3118	Dental Services	0	0	0
140.3125	Legal Services	0	0	0
140.3126	Interpreter Services	0	0	0
140.3127	Health Disabilities	0	0	0
140.3140	Consultant Services	0	0	0
140.3201	Audit Services	0	0	0
140.3203	Accounting and Consulting Services	0	0	0
140.3401	Other Contractual Services	0	0	0
140.3419	Contracted Food	0	0	0
140.3421	Training	0	0	0
140.3431	Laboratory Testing	0	0	0
140.3438	Emergency Assistance	0	0	0
140.4001	Travel Per Diem and Mileage	0	0	0
140.4101	Communication Services	0	0	0
140.4200	Child Transportation Services	0	0	0
140.4201	Other Transportation	0	0	0
140.4205	Postage/Shipping	0	0	0
140.4301	Utilities	0	0	0
140.4401	Rent	0	0	0
140.4405	Rent-Other Equipment	0	0	0
140.4601	Repair and Maintenance	0	0	0
140.4701	Printing and Graphics	0	0	0
140.4909	Licenses, Permits and Certifications	0	0	0
140.4932	Parent Activity	0	0	0
140.4945	Advertising	0	0	0
140.5101	Office Supplies	0	0	0
140.5111	Office Furniture And Equipment	0	0	0
140.5121	Data Processing Software/Accessories	0	0	0

140.5201	Materials/Supplies Operating	0	0	0
140.5202	Janitorial Supplies	0	0	0
140.5230	Medicine and Drugs	466,000	466,000	283,166
140.5231	Medical-Surgical Supplies	0	0	0
140.5233	Laboratory Supplies	0	0	0
140.5242	Food Prep and Serving Supplies	0	0	0
140.5243	Personal Care Items	0	0	0
140.5244	Food and Dietary	0	0	0
140.5401	Books, Publications and Subscriptions	0	0	0
140.5402	Educational Training Materials	0	0	0
140.5412	Dues and Memberships	0	0	0
140.6401	Machinery and Equipment	0	0	0
140.6405	Data Processing Equipment	0	0	0
140.6406	Data Processing Software	0	0	0
140.8000	Unit Cost - Direct Services	0	0	63,105
140.9000	Capital Improvements	0	0	0
800.1201	Salaries and Wages Regular Admin	0	0	0
800.2101	FICA-Taxes Admin	0	0	0
800.2105	FICA Medicare Admin	0	0	0
800.2112	Other Benefits Admin	0	0	0
800.2201	Retirement Contributions-FRS Admin	0	0	0
800.2301	Insurance-Life and Health Admin	0	0	0
800.2401	Workers' Compensation Admin	0	0	0
800.2501	Unemployment Compensation Admin	0	0	0
800.3201	Audit Services Admin	0	0	0
800.3203	Accounting and Consulting Service Admin	0	0	0
800.4001	Travel And Per Diem Admin	0	0	0
800.4101	Communication Services Admin	0	0	0
800.4301	Utilities Admin	0	0	0
800.4401	Rent Admin	0	0	0
800.5101	Office Supplies Admin	0	0	0
800.5201	Materials/Supplies Operating Admin	0	0	0
800.5242	Food Prep and Serving Supplies Admin	0	0	0
800.6401	Machinery and Equipment Admin	0	0	0
800.8000	Other Administrative	0	0	0
800.9515	Admin Costs-Indirect	51,778	51,778	38,253
820.1201	Salaries and Wages Regular Prgm	0	0	0
820.2101	FICA-Taxes Prgm	0	0	0
820.2105	FICA Medicare Prgm	0	0	0
820.2112	Other Benefits Prgm	0	0	0
820.2201	Retirement Contributions-FRS Prgm	0	0	0
820.2301	Insurance-Life and Health Prgm	0	0	0
820.2401	Workers' Compensation Prgm	0	0	0
820.2501	Unemployment Compensation Prgm	0	0	0
ESG	Personnel/Benefits	0	0	0
ESG	Telephone	0	0	0

	<u>Security Deposits</u>	0	0	0
ESG	<u>Utility Deposits</u>	0	0	0
ESG	<u>Rental Assistance</u>	0	0	0
ESG	<u>Equipment</u>	0	0	0
ESG	<u>Insurance</u>	0	0	0
ESG	<u>Utilities</u>	0	0	0
ESG	<u>Food</u>	0	0	0
ESG	<u>Supplies</u>	0	0	0
ESG	<u>Maintenance</u>	0	0	0
ESG	<u>Building Maintenance</u>	0	0	0
ESG	<u>Utilities/Metered Postage</u>	0	0	0
ESG	<u>Utility Assistance</u>	0	0	0
ESG	<u>Rent Assist/Utility Assist/Utility Dep</u>	0	0	0
ESG	<u>Hotel/Motel Vouchers</u>	0	0	0
ESG	<u>Emergency Rent &amp; Utilities</u>	0	0	0
ESG	<u>Maintenance &amp; Repairs</u>	0	0	0
ESG	<u>Security &amp; Maintenance</u>	0	0	0
ESG	<u>Equipment Rental</u>	0	0	0
ESG	<u>Ind Housing Stab Case Management</u>	0	0	0
ESG	<u>Security</u>	0	0	0
HRC	<u>Mobilization Authorized</u>	0	0	0
HRC	<u>Lewis Center Op</u>	0	0	0
HRC	<u>Administration</u>	0	0	0
HRC	<u>Hotel/Motel</u>	0	0	0
HRC	<u>Leasing/Utility</u>	0	0	0
HRC	<u>Family Reunification</u>	0	0	0
HRC	<u>Job Training</u>	0	0	0
HRC	<u>Job Placement</u>	0	0	0
	<b>Expense Totals:</b>	<b>517,778</b>	<b>517,778</b>	<b>384,524</b>
	<b>Grand Totals:</b>	<b>517,778</b>	<b>517,778</b>	<b>384,524</b>

\* To add a detail level program funder, click on any general ledger account.

#### Program Funders

No Funders have been added to this budget.

#### Narrative Log

Date	User	Narrative
		New Will be reimbursed at the actual cost of the drug as evidenced by receipts, copies of checks, invoices, or other documents acceptable to the Beach County Department of Community Services, and a dispensing fee of \$3.00, per unit, plus an administrative fee not to exceed \$500. The total reimbursable Local Supplemental/ADAP Supplemental reimbursement not-to-exceed amount is \$517,778.


Email  
Comment:

\* Email will only be sent for approvals and rejections unless it was checked in the Approval Chain

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CERTIFICATE OF COVERAGE		ISSUED ON: 10/24/2013
COVERAGE PROVIDED BY: <b>PREFERRED GOVERNMENTAL INSURANCE TRUST</b>		
PACKAGE AGREEMENT NUMBER: PK FL1 0504020 13-06		COVERAGE PERIOD: 10/1/2013 TO 10/1/2014 12:01 AM
COVERAGES: This is to certify that the agreement below has been issued to the designated member for the coverage 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 coverage afforded by the agreement described herein subject to all the terms, exclusions and conditions of such agreement.		
Mail to: Certificate Holder Palm Beach County Board of County Commissioners 810 Datura Street West Palm Beach, FL, 33401		Designated Member The Health Care District of Palm Beach County 2601 10th Avenue North Suite 100 Palm Springs, FL 334613133
<b>LIABILITY COVERAGE</b> <input checked="" type="checkbox"/> Comprehensive General Liability, Bodily Injury, Property Damage and Personal Injury Limit \$2,000,000 \$0 Deductible Public Officials Liability Limit Employment Practices Liability Limit <input checked="" type="checkbox"/> Employee Benefits Liability Limit \$1,000,000 \$0 Deductible Law Enforcement Liability Limit		<b>WORKERS' COMPENSATION COVERAGE</b>  Self Insured Workers' Compensation  Statutory Workers' Compensation  Employers Liability Each Accident By Disease Aggregate Disease
<b>PROPERTY COVERAGE</b> <input checked="" type="checkbox"/> Buildings & Personal Property Per schedule on file with \$5,000 Deductible Trust Limit <i>Note: See coverage agreement for details on wind, flood, and other deductibles.</i> Rented, Borrowed and Leased Equipment Limit <input checked="" type="checkbox"/> All other Inland Marine Limit \$120,000 TIV See Schedule for Deductible		<b>AUTOMOBILE COVERAGE</b> <b>Automobile Liability</b> Limit \$1,000,000 \$0 Deductible <input checked="" type="checkbox"/> All Owned Specifically Described Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos <b>Automobile Physical Damage</b> <input checked="" type="checkbox"/> Comprehensive See Schedule for Deductible <input checked="" type="checkbox"/> Collision See Schedule for Deductible Hired Auto with limit of  <b>Garage Keepers</b>  Liability Limit Liability Deductible Comprehensive Deductible Collision Deductible
NOTE: The most we will pay is further limited by the limitations set forth in Section 768.28(5), Florida Statutes (2010) or the equivalent limitations of successor law which are applicable at the time of the loss.		
Description of Operations/ Locations/ Vehicles/Special Items: Re: Ryan White Grant - Certificate holder is listed as an additional covered party per the attached PGIT 902 Form; only insofar as permitted by Florida Statute 768.28 and otherwise allowed by law <i>This section completed by member's agent, who bears complete responsibility and liability for its accuracy.</i>		
This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the agreement above.		
Administrator Public Risk Underwriters® P.O. Box 958455 Lake Mary, FL 32795-8455		CANCELLATIONS SHOULD ANY PART OF THE ABOVE DESCRIBED AGREEMENT BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, PREFERRED GOVERNMENTAL INSURANCE TRUST WILL ENDEAVOR TO MAIL 60 DAYS WRITTEN NOTICE OR 10 DAYS WRITTEN NOTICE FOR NON-PAYMENT OF PREMIUM TO THE CERTIFICATE HOLDER NAMED ABOVE, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE PROGRAM, ITS AGENTS OR REPRESENTATIVES.
Producer Public Risk Insurance Agency P. O. Box 2416 Daytona Beach, FL 32115		 AUTHORIZED REPRESENTATIVE
PGIT-CERT (11/09) PRINT FORM		10/24/2013

## **PUBLIC ENTITY**

### **AUTOMATIC ADDITIONAL COVERED PARTIES**

**THIS ENDORSEMENT CHANGES THE AGREEMENT. PLEASE READ IT CAREFULLY.**

This endorsement modifies coverage provided under the **AUTOMOBILE COVERAGE FORM, PGIT 300**, the **GENERAL LIABILITY COVERAGE FORM, PGIT 200** and the **PROPERTY AND INLAND MARINE COVERAGE FORM, PGIT 104**

Where indicated by (x) below, coverage applies to the person(s) or organization(s) as their interest may appear. The provisions in this endorsement do not supersede Florida Statute 768.28, Article 10 § 13 of the Florida Constitution, or any other Statute or law limiting whom a Public Entity can indemnify.

**X ADDITIONAL COVERED PARTY - BY CONTRACT, AGREEMENT OR PERMIT**

**SECTION I - WHO IS A COVERED PARTY**

is amended to include any person(s) or organization(s) (hereinafter called Additional Covered Party) with whom you agree in a written "insured contract" to name as a Covered Party, but only with respect to liability arising, in whole or in part, out of your operations, "your work" or facilities owned or used by you.

The coverage afforded to the Additional Covered Party does not apply:

- (1) Unless the written "insured contract", agreement or permit was executed prior to the "bodily injury," "property damage," "personal injury" or "advertising injury,"
- (2) To any person(s) or organization(s) included as a Covered Party under this coverage agreement or by an endorsement made part of this coverage agreement.

**X ADDITIONAL COVERED PARTY - OWNERS OF LEASED EQUIPMENT**

**SECTION II - WHO IS A COVERED PARTY**

is amended to include any person(s) or organization(s) (hereinafter called Additional Covered Party) with whom you agree in a written equipment lease or rental agreement to name as a Covered Party, but only with respect to liability arising out of the sole negligence of the Covered Party, and only while such equipment is in the care, custody or control of the Covered Party, or any employee or agent of the Covered Party.

The coverage afforded to the Additional Covered Party does not apply to:

- (1) "Bodily injury" or "property damage" occurring after you cease to lease or rent the equipment;
- (2) "Bodily injury" or "property damage" arising out of any negligence of the Additional Covered Party;
- (3) Structural alterations, new construction or demolition operations performed by or on behalf of the Additional Covered Party;
- (4) Liability assumed by the Additional Covered Party under any contract or agreement;
- (5) "Property damage" to:
  - (a) Property owned, used, occupied by, or rented to the Additional Covered Party;
  - (b) Property in the care, custody or control of the Additional Covered Party or its employees or agents, or of which the Additional Covered Party, its employees or agents are for any purpose exercising physical control.

**X ADDITIONAL COVERED PARTY - MANAGERS OR LESSORS OF PREMISES**  
**SECTION II - WHO IS A COVERED PARTY**

is amended to include any person(s) or organization(s) (hereinafter called Additional Covered Party) with whom you agree in a written agreement to name as a Covered Party, but only with respect to liability arising, in whole or in part, out of the "premises" leased to you by such person(s) or organization(s).

The coverage afforded to the Additional Covered Party does not apply to:

- (1) "Bodily injury" or "property damage" occurring after you cease to be a tenant in that "premises";
- (2) "Bodily injury" or "property damage" arising out of any negligence of the Additional Covered Party;
- (3) Structural alterations, new construction or demolition operations performed by or on behalf of the Additional Covered Party;
- (4) Liability assumed by the Additional Covered Party under any contract or agreement;
- (5) "Property damage" to:
  - (a) Property owned, used, occupied by, or rented to the Additional Covered Party;
  - (b) Property in the care, custody or control of the Additional Covered Party or its employees or agents, or of which the Additional Covered Party, its employees or agents are for any purpose exercising physical control.

**Notwithstanding any other provision of this agreement, nothing in this agreement shall be construed as a waiver of the Covered Party's sovereign immunity nor shall any provision of this agreement increase the liability of the covered party, or the sums for which the covered party may be liable, beyond the limits provided in §768.28, Florida Statutes.**

## CERTIFICATE OF COVERAGE

### Certificate Holder

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS  
C/O DEPARTMENT OF COMMUNITY SERVICES  
810 DATURA STREET SUITE 200  
WEST PALM BEACH, FL 33401  
ATTN: RYAN WHITE PROGRAM MANAGER

### Administrator

Florida League of Cities, Inc.  
Department of Insurance and Financial Services  
P.O. Box 530065  
Orlando, Florida 32853-0065

Issue Date 10/24/13

COVERAGES  
THIS IS TO CERTIFY THAT THE AGREEMENT BELOW HAS BEEN ISSUED TO THE DESIGNATED MEMBER FOR THE COVERAGE 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 COVERAGE AFFORDED BY THE AGREEMENT DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH AGREEMENT

COVERAGE PROVIDED BY:

**FLORIDA MUNICIPAL INSURANCE TRUST**

AGREEMENT NUMBER: FMIT 0878

COVERAGE PERIOD: FROM 10/1/13

COVERAGE PERIOD: TO 10/1/14 12:01 AM STANDARD TIME

### TYPE OF COVERAGE - LIABILITY

#### General Liability

- ☐ Comprehensive General Liability, Bodily Injury, Property Damage, Personal Injury and Advertising Injury
- ☐ Errors and Omissions Liability
- ☐ Employment Practices Liability
- ☐ Employee Benefits Program Administration Liability
- ☐ Medical Attendants'/Medical Directors' Malpractice Liability
- ☐ Broad Form Property Damage
- ☐ Law Enforcement Liability
- ☐ Underground, Explosion & Collapse Hazard

#### Limits of Liability

#### Automobile Liability

- ☐ All owned Autos (Private Passenger)
- ☐ All owned Autos (Other than Private Passenger)
- ☐ Hired Autos
- ☐ Non-Owned Autos

#### Limits of Liability

### TYPE OF COVERAGE - PROPERTY

- ☐ Buildings
  - ☐ Basic Form
  - ☐ Special Form
- ☐ Personal Property
  - ☐ Basic Form
  - ☐ Special Form
- ☐ Agreed Amount
- ☐ Deductible N/A
- ☐ Coinsurance N/A
- ☐ Blanket
- ☐ Specific
- ☐ Replacement Cost
- ☐ Actual Cash Value
- ☐ Miscellaneous
  - ☐ Inland Marine
  - ☐ Electronic Data Processing
  - ☐ Bond

Limits of Liability on File with Administrator

### TYPE OF COVERAGE - WORKERS' COMPENSATION

- ☒ Statutory Workers' Compensation
- ☒ Employers Liability
  - \$1,000,000 Each Accident
  - \$1,000,000 By Disease
  - \$1,000,000 Aggregate By Disease
- ☐ Deductible N/A
- ☐ SIR Deductible N/A

### Automobile/Equipment - Deductible

- ☐ Physical Damage
- NA - Comprehensive - Auto
- NA - Collision - Auto
- NA - Miscellaneous Equipment

### Other

### Description of Operations/Locations/Vehicles/Special Items

RE: Ryan White Grant

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE AGREEMENT ABOVE.

### Designated Member

Health Care District of Palm Beach County  
2601 10th Avenue North Suite 100  
Palm Springs FL 33461

### Cancellations

SHOULD ANY PART OF THE ABOVE DESCRIBED AGREEMENT BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED ABOVE, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE PROGRAM, ITS AGENTS OR REPRESENTATIVES.



AUTHORIZED REPRESENTATIVE