# PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Meeting Date: Jul	y 1, 2014	[X] Consent [ ] Ordinance	E=====================================								
Department Submitted By: Submitted For:	Community Serv Financially Assis										
I. EXECUTIVE BRIEF											
<b>Motion and Title: Staff recommends motion to approve:</b> Amendment No. 2 to Contract for Provision of Financial Assistance with For the Children, Inc. (R2013-0029), for the period October 1, 2013, through September 30, 2014, to modify the definition of the unit of service in the Outreach Services program.											
<b>Summary:</b> For the Children, Inc. needs to modify their unit of service definition in the Outreach Services program as it was inaccurately defined in the most recent contract extension. No additional funds are required for this contract modification. Countywide (TKF)											
Background & Justification: The Financially Assisted Agencies Programs (FAA) currently contracts with service providers in nine (9) different service categories. During this FY 2014 funding cycle all unit rates and definitions were reviewed and modified. The fiscal and program staff worked with the agencies to update information that was reflective of the true costs for service provision paid for through FAA funding. The contract amendment being recommended for approval define the scope of services, terms and conditions, and funding amounts for contracted agency services under the FY 2014 FAA Program. The individual amendment and contract totals were approved by the Board of County Commissioners as part of the FY 2014 budget process. No additional funds are being allocated in this item. A total funding amount of \$12,258,186 was approved for FAA for FY 2014.											
Attachment: Contra	act for Provision of	Financial Assistance A	Amendment 2								
Recommended By:	Department Dire	octor	<i>G S 14</i> Date								
Approved By:	Assistant/Count	y Administrator	Date								

### II. FISCAL IMPACT ANALYSIS

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

Fiscal Years	2014	2015	2016	2017	2018
Capital Expenditures					
Operating Costs					
External Revenue					
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	-0-				
No. ADDITIONAL FTE POSITIONS (Cumulative)					
Is Item Included in Curren Budget Account No.:	t Budget? Yes	sN	o		
FundDeptUnit	Object	Progran	n Code	Program	Period
B. Recommended Sou Funding source is Pa			of Fiscal I	mpact:	
C. Departmental Fisca	<b>I Review:</b> Taru	na Małhotr	a, Director,	Financial &	Support Svcs
	III. REVIEW	/ COMMEN	<u>ITS</u>		
A. OFMB Fiscal and/or	Contract Adm	ninistration	n Commen	ts:	
OFMB 5/0 1/4	<u>3 6/9/2014.</u>	Contra 4-12	act Dev. and	Joels 1 Control	m/6/13/
B. Legal Sufficiency:					
Chief Assistant Coun	Y 4/6/ ty Attorney	/14			
C. Other Department R	eview:				

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

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

THIS AMENDMENT TO THE FINANCIALLY ASSISTED AGENCIES CONTRACT
(R2013-0029) made and entered into in Palm Beach County Florida, on this day
of2014 by and between PALM BEACH COUNTY, hereinafter referred to as
"COUNTY" and For the Children, Inc. hereinafter referred to as the AGENCY, a not
for-profit corporation, entitled to do business in the State of Florida, whose address is
1718 South Douglas St., Lake Worth, Florida, 33460.

#### WITNESETH:

WHEREAS, the parties entered in a contract on January 15, 2013 (R2013-0029), which provided for Outreach Services which was subsequently amended on January 14, 2014 (R2014-0023); and

**WHEREAS**, the need exists to further amend the contract to change the definition of unit of service for Outreach Services to be provided by modifying Exhibit B-1 "Units of Service Rate and Definition 2014":

**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. Exhibit B-1 is hereby amended and replaced with Exhibit B-2 attached hereto and made a part hereof.
- 2. So much of Article 2 Schedule that says September 30, 2013 shall be amended to read September 30, 2014.
- 3. Article 11 Nondiscrimination shall be replaced by the following:

The AGENCY warrants and represents that all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, gender identity and expression, or genetic information.

#### **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 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.

Page 1 of 3

IN WITNESS WHEREOF, the parties executed by their officials thereupon dul	hereto have caused this Amendment to be y authorized.
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: Priscilla A. Taylor, Mayor
WITNESS:	AGENCY:  For the Children, Inc.  Agency's Name Typed
Myriam Glemand - Garnier Name Typed 65-0950530	BY <u>Réginale Ourandessi</u> Signature <u>Réginale Durandissé</u>
Agency's Federal ID Number	Agenćy's Signatory Name Typed
	Founder / CEO Agency's Signatory Title Typed
APPROVED AS TO FORM AND LEGAL SUFFICIENCY	APPROVED AS TO TERMS AND CONDITIONS Department of Community Services  By:  Observed Malitimes Directors
Assistant County Attorney	Channell Wilkins, Director

Page 2 of 3

#### UNITS OF SERVICE RATE AND DEFINITION 2014 FINANCIAL ASSISTANCE CONTRACT

Agency:

For The Children, Inc.

	Service Name and Definition of Unit of Service	Unit Cost	Total Cost Of Service
Service:	Family, Youth and Health Zone	\$75	\$203,105
client services individual and/ (including refe supportive or v classes, parer	ment:  ce is defined as one hour of staff time in direct or in related indirect work and can include: cor family counseling, case management rral and/or linkage) to community services, wrap around services (including wellness ting support groups), related case file n, and client data management.		
television and/ programming,	vices:  be is defined as one outreach event: including for television internet programming, radio community presentations at schools, churches, ums etc. or other related outreach events and	\$300	\$36,000

Group supervision or any group services will be billed as a single unit per hour, not per employee or client participating.

presentations as approved.

TOTAL CONTRACT

\$239,105

The AGENCY is allowed to expend up to \$4,000 for initial certification or \$1,500 for the annual renewal fee out of this FY 2014 contract. This option if exercised by the agency will be taken from the approved budget thus reducing the number of units to be provided. Certification is a requirement of contracting with the COUNTY as referenced in Article 14 of the original contract.



PRODUCER

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/16/2014

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).

Brian Cronin

Wel	lls Fargo Ins Services USA, Inc 54 Vista Parkway, Suite 400	:. (	MPD)	1 (A/		) 655-5500	(A/C, No): (8	355) 4	20-6662
	st Palm Beach FL 33411-2718			AD	IAIL DRESS:				
West Palm Beach FL 33411-2/15				INSURER(S) AFFORDING COVERAGE				NAIC#	
				INS	URER A: Markel	Insurance	Company		38970
INSU				INS	URER B : Great 1	American I	ns Company		16691
For	The Children, Inc			INS	URER C : Landma:	rk			
171	8 South Douglas St			INS	SURER D :				
T - 1-	e Worth FL 33460			INS	SURER E :				
	1) 493-1190			ins	SURER F :				
CO	VERAGES CERT	IFIC	ATE	NUMBER: Cert ID 42448	30		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 INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS INDICATED 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		ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
LTR	GENERAL LIABILITY	INSK	VVVD					1	,000,000
A	<del></del>	Y		CCP2001054800	3/27/2014	3/27/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
A	CLAIMS-MADE X OCCUR	-					MED EXP (Any one person)	\$	5,000
	CEAINIS-INIADE R COCCIN						PERSONAL & ADV INJURY	\$ 1	,000,000
							GENERAL AGGREGATE	\$ 3	,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1	,000,000
	POLICY PRO- LOC						Sexual Abuse/Moles	\$ 1	,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1	,000,000
A	X ANY AUTO			CCA2001054800	3/27/2014	3/27/2015	BODILY INJURY (Per person)	\$	
_	ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	\$	
	X HIPED ALITOS X AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)	\$	
	HIRED AUTOS AUTOS							\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE S	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE :	\$	
İ	TOD WING HER							\$	
	DED RETENTION \$ WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER		
1	AND EMPLOYERS' LIABILITY Y/N							\$	
	OFFICER/MEMBER EXCLUDED:	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
(Mandatory in NH)									

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: The Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, it's Officers, Employees and Agents c/o The Department of Community Services are Additional
Theorems recording Community Services are Insureds regarding General Liability as requested by written contract.

CCH2001054800

CERTIFICATE HOLDER	CANCELLATION
Palm Beach County Board of	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
County Commissioners 810 Datura Street, Suite #200 West Palm Beach FL 33401	AUTHORIZED REPRESENTATIVE Starley O Jode

3/27/2014

3/27/2015

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20,000

E.L. DISEASE - POLICY LIMIT

AD&D \$10,000

Aggregate

ACORD 25 (2010/05)

f yes, describe under DESCRIPTION OF OPERATIONS below

Student Accident

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# CERTIFICATE COVERAGES OVERFLOW

DATE (MM/DD/YYYY) 4/16/2014

PRODUCER Wells Fargo Ins Services USA, Inc. 2054 Vista Parkway, Suite 400	(1112)	INSURED For The Children, Inc				
2054 Vista Parkway, Bures 100		1718 South Douglas St				
West Palm Beach FL 33411-2718		Lake Worth FL 33460				
CONTACT NAME:	PHONE (A/C, No, Ext):	PHONE (A/C, No, Ext):				
CONTACT NAME:	· ·	(561) 493-1190				
Prian Cronin	(561) 655-5500	(302, 32				

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in this policy. If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

ADDI1	TIONAL COVERAGES		CE	RTIFICATE NUMBER: Cert	ID 424480	POLICY EXP	SION NUMBER:
NSR		ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS
TR B	TYPE OF INSURANCE  Directors & Officers			EPP2444513	3/27/2014	3/27/2015	Aggregate Limit \$ 1,000,00
	Professional LTabiilty			LHR742657	12/20/2013	12/20/2014	Limit per claim \$ 1,000,00 retro 12/20/12
							\$
							\$
,							\$
							\$
							\$
			-				\$
		-					\$
			1				\$
							\$
							\$
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				:			\$
							\$
							\$
							\$

Certificate Coverages Overflow (11/2010)



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/22/2013

THIS CERTIFICATEIS 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 SUBROGATIONIS 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).

COVERACES	CERTIFICATE NUMBER:	REVISION NUMB	ER:
LAKE WORTH FL 33460		INSURER F:	
1718 DOUGLAS ST		INSURER E:	
FOR THE CHILDREN INC		INSURER D:	
		INSURER C:	
INSURED		INSURER B:	-
SAN ANTONIO TX 78265		INSURERA: Twin City Fire Ins Co	
PO BOX 33015		INSURER(S) AFFORDING COVERAGE	NAIC#
250777 P: F:		E-MAIL ADDRESS;	
HARTFORD FIRE INSURAN	CE COMPANY	PHONE	FAX (A/C, No):
PRODUCER		CONTACT NAME:	•

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			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs:
LIK	GENERAL LIABILITY						EACH OCCURRENCE	\$ .
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ .
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	ş
	32						PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	ş
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$
	POLICY PRO- JECT LOC							ş
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	ş
	ANY AUTO						BODILY INJURY (Per person)	ş ·
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	ş
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	ş
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	ş
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	ş
	DEC RETENTION \$							ş
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- OTH- TORY LIMITS ERS	
	ANY PROPRIETOR/PARTNER/EXECUTIVEY/N	N/A					E.L. EACH ACCIDENT	\$500,000
A	A OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below			76 WEG JW5646	01/01/2014	01/01/2015	E.L. DISEASE- EA EMPLOYEE	\$500,000
							E.L. DISEASE - POLICY LIMIT	\$500 <b>,</b> 000
		<u> </u>						
			L		L	L		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (MAX Line Length is 79; Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Those usual to the Insured's Operations.

CERTIFICATE HOLDER

CANCELLATION

PALM BEACH COUNTY BOARD OF COUNTY

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

COMMISSIONER

810 DATURA ST STE 200

/aellin

WEST PALM BEACH, FL 33401

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DST 00071920