

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)					
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Is Item Included in Current Budget? Yes _____ No _____

Budget Account No.:

Fund _____ Dept _____ Unit _____ Object _____ Program Code _____ Program Period _____

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

Funding source is Palm Beach County.

C. Departmental Fiscal Review:

TM
Taruna Mathotra, Director, Financial & Support Svcs

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

Offices 6/9/2014
OFMB 6/6 6/6/14

Don J. Jacobson 6/11/14
Contract Dev. and Control
6-12-14 Bid Check

B. Legal Sufficiency:

[Signature] 6/16/14
Chief Assistant County Attorney

C. Other Department Review:

Department Director

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

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

THIS AMENDMENT TO THE FINANCIALLY ASSISTED AGENCIES CONTRACT (R2013-0029) made and entered into in Palm Beach County Florida, on this ____ day of _____ 2014 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.**

WITNESSETH:

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.

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



Myriam Glemard-Garnier
Name Typed

65-0950530
Agency's Federal ID Number

AGENCY:

For the Children, Inc.
Agency's Name Typed

BY Reginale Durandisse
Signature


Reginale Durandisse
Agency's Signatory Name Typed

Founder / CEO
Agency's Signatory Title Typed

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

Assistant County Attorney

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

By: 
Channell Wilkins, Director

**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
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Service: Family, Youth and Health Zone	\$75	\$203,105
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Case Management:

A unit of service is defined as one hour of staff time in direct client services or in related indirect work and can include: individual and/or family counseling, case management (including referral and/or linkage) to community services, supportive or wrap around services (including wellness classes, parenting support groups), related case file documentation, and client data management.

Outreach Services:

A unit of service is defined as one outreach event: including television and/or television internet programming, radio programming, community presentations at schools, churches, community forums etc. or other related outreach events and presentations as approved.

	\$300	\$36,000
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Group supervision or any group services will be billed as a single unit per hour, not per employee or client participating.

<u>TOTAL CONTRACT</u>	<u>\$239,105</u>
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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.



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).

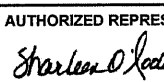
PRODUCER Wells Fargo Ins Services USA, Inc. (WPB) 2054 Vista Parkway, Suite 400 West Palm Beach FL 33411-2718	CONTACT NAME: Brian Cronin	
	PHONE (A/C, No, Ext): (561) 655-5500	FAX (A/C, No): (855) 420-6662
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Markel Insurance Company		38970
INSURER B: Great American Ins Company		16691
INSURER C: Landmark		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** Cert ID 424480 **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			CCP2001054800	3/27/2014	3/27/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 1,000,000
							Sexual Abuse/Moles \$ 1,000,000
A	AUTOMOBILE LIABILITY			CCA2001054800	3/27/2014	3/27/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS		<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB		<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			N/A			WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Student Accident			CCH2001054800	3/27/2014	3/27/2015	AD&D \$10,000 Aggregate 20,000

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
Insureds regarding General Liability as requested by written contract.

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

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ACORD 25 (2010/05)

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