

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2015	2016	2017	2018	2019
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)					
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Is Item Included In Proposed Budget: Yes X No

Budget Account No.:

Fund 0001 Dept. 148 Unit 1221 Obj. 3401 Program Code Var. Program Period: FY15

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

Funding source is Palm Beach County.

C. Departmental Fiscal Review:

DM
Taruna Malhotra, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

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


OFMB/KW 8/27/14 AK 8/22/14

Contract Development and Control 9/5/14

B. Legal Sufficiency:


Chief Assistant County Attorney 9/8/14

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 _____, 2014 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 (R2012-1360) 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 (R2013-1298) and in the amount of Two Million One Hundred Sixty Thousand and Seven Hundred Nine Dollars (\$2,160,709).

WHEREAS, the parties desire to extend the contract to September 30, 2015 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 October 1, 2013 is hereby amended as follows:

1. Article 2 is hereby amended to read, The AGENCY shall commence services on October 1, 2014 and complete services on September 30, 2015.
2. Article 3 is hereby amended to read, an amount not to exceed Six Million Three Hundred Eighty Four Thousand Four Hundred and Fifty Two Dollars (\$6,384,452).

3. Exhibit "B-3" pages 1 and 2 is hereby replaced by "B-4" pages 1 and 2 attached hereto and made a part thereof.
4. Article 11 is hereby amended to read, The Agency warrants and represents that all of its employees and participants in the programs it serves are treated equally during employment and/or services 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 Third 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: _____
Priscilla A. Taylor, Mayor

WITNESS:

AGENCY:

Kathryn Spencer
Signature

Gulfstream Goodwill Industries, Inc.
AGENCY's Name Typed

Kathryn Spencer
Name Typed

BY: *Marvin A. Tanck*
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
Channell Wilkins, Director

UNITS OF SERVICES AND BUDGET ALLOCATION

Agency: Gulfstream Goodwill Industries, Inc
 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>The Lewis Center Operations: A unit of service is defined as one day of service. Operations includes but is not limited to: <u>Case Management</u> which encompasses: program eligibility determination, intake & assessment housing & service plan development, case note entry, linkage & referral to community & mainstream resources, case management sessions, referral & linkage to housing placement, job placement assistance, legal assistance, credit repair & budgeting, financial assistance, monitoring, and evaluating program participant performance, data entry into database, clinical case management supervision, clinical risk management supervision, attendance of meetings & staffing, rapid re-housing placement & follow up, initial and ongoing professional training & 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.</p> <p><u>Housing Services</u>- 75% do not re-enter the emergency services system within 6 months.</p> <p><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 & 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 & clothes closet, coordination of security and transportation, coordination of reception services and 24-hour phone line, coordination of health care services.</p> <p><u>Nursing</u> services which encompasses a health screening and evaluation, first aid, maintain medical records, referral and linkage to medical services.</p> <p><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
<p><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.</p>		
<p>Administration: 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.</p>	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.

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 Marsh & McLennan Agency LLC 1601 Belvedere Road Suite 300, East Tower West Palm Beach, FL 33406	CONTACT NAME: Rosemarie Tubbs	
	PHONE (A/C, No, Ext): 561-209-1690	FAX (A/C, No): 866-795-7046
E-MAIL ADDRESS: rtubbs@mma-fl.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Philadelphia Indemnity Insuranc		18058
INSURER B : Wesco Insurance Company		25011
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
Gulfstream Goodwill Industries, Inc.
 1715 Tiffany Drive East
 West Palm Beach, FL 33407

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			PHPK960457A	12/28/2013	12/28/2014	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 type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK960457A	12/28/2013	12/28/2014	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 EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			PHUB406624A	12/28/2013	12/28/2014	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WPP11007920013042	06/01/2013	09/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Prof Liab-Occur			PHPK960457A	12/28/2013	12/28/2014	\$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: Senator Philip D. Lewis Center

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

CERTIFICATE HOLDER

CANCELLATION

*Palm Beach County Board of County Commissioners Attn: Georgia Devine 810 Datura Stret, Suite #205 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 _____, 2014 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 2nd 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 (R2013-0369) 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 (R2013-1299) and in the amount of **One Million Three Hundred Nineteen Thousand and Ninety Nine Dollars(\$1,319,099)**

WHEREAS, the parties desire to extend the contract to September 30, 2015 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 October 1, 2013 is hereby amended as follows:

1. Article 2 is hereby amended to read, the AGENCY shall commence services on October 1, 2014 and complete services on September 30, 2015.
2. Article 3 is hereby amended to read, an amount not to exceed **Four Million Sixty Four Thousand Seven Hundred and Ten dollars (\$4,064,710).**
3. Article 11 is hereby amended to read, The AGENCY warrants and represents that all of its employees and participants in the programs it serves are treated equally during employment and/or services 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.

4. Exhibit "B-5" Pages 1 and 2 is hereby replaced by "B-6" Pages 1 and 2 attached hereto and made a part thereof.

OTHER PROVISIONS:

All provisions in the Contract or exhibits to the Contract in conflict with this Fifth 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**

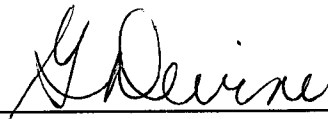
BOARD OF COUNTY COMMISSIONERS

BY: _____
Clerk & Comptroller

BY: _____
Priscilla A. Taylor, Mayor

WITNESS:

AGENCY:



Signature

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

Georgiana Devine
Name Typed

BY: Matthew Constantine
Signature

59-2471253

Matthew Constantine

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 of the Palm Beaches. Inc

Definition of a Unit of Service for The Lewis Center	Number of Units of Service	Cost Per Unit of Service
<p>Mobilization- 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.</p>	1	\$200,000
<p>Lewis Center Operations: 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.</p> <p><u>Housing Services</u>-75% do not re-enter the emergency services system.</p> <p><u>Engagement:</u> activities that build relationships with homeless persons and families, data entry into database. <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, conducting outreach to</p>	365	\$2,089.97

Definition of a Unit of Service for The Lewis Center	Number of Units of Service	Cost Per Unit of Service
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.		
Administration: 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:

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/14/2014

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 Insurance Office of America-JUP Abacoa Town Center 1200 University Blvd, Suite 200 Jupiter, FL 33458	CONTACT NAME: Floyd Nichols	
	PHONE (A/C, No, Ext): (561) 776-0660	FAX (A/C, No): (561) 776-0670
	E-MAIL ADDRESS: floyd.nichols@ioausa.com	
INSURED Adopt-A-Family of the Palm Beaches, Inc. 1712 Second Avenue North Lake Worth, FL 33460	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Philadelphia Insurance Companies	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			PHPK1108446	12/07/2013	12/07/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 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 ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/> PIP \$10,000			PHPK1108446	12/07/2013	12/07/2014	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 EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB442852	12/07/2013	12/07/2014	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 Follow Form
	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				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab			PHPK1108446	12/07/2013	12/07/2014	Limit 3,000,000
A	Claims Made 2/7/09			PHPK1108446	12/07/2013	12/07/2014	Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate Holder is Additional Insured with Respect to General Liability only, regarding Grant Agreement.
 Umbrella Liability - Follow Form
 30 Days Notice apply except for Non-Payment of Premium 10 Days Apply

CERTIFICATE HOLDER	CANCELLATION
Palm Beach County c/o Community Services Department 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 <i>Floyd Nichols</i>

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ADDITIONAL REMARKS SCHEDULE

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:

Add Coverage
 Included In Philadelphia Policy #: PHPK1108446

Abuse or Molestation:

\$1,000,000 Each Abusive Conduct Limit
 \$1,000,000 Aggregate Limit



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/7/2014

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 Eastern Insurance Group, Inc. 9570 SW 107 Avenue Suite 104 Miami FL 33176	CONTACT NAME: David M. Lopez PHONE (A/C, No. Ext): (305) 595-3323 E-MAIL ADDRESS: cbr@easterninsurance.net	FAX (A/C, No.): (305) 595-7135
	INSURER(S) AFFORDING COVERAGE	
INSURED Adopt-A-Family of the Palm Beaches Inc. 1712 Second Avenue North Lake Worth FL 33460	INSURER A: Ascendant Commercial Insurance	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** Master 13-14 **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	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <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"/> PROJ <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 \$ \$
	AUTOMOBILE LIABILITY <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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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	N/A	WC-64990-0	12/22/2013 12/22/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER Palm Beach County c/o Community Services Department 810 Datura Street Ste 350 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 David Lopez/AMANDA
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**AMENDMENT TO
CONTRACT FOR PROVISION OF SERVICES**

THIS AMENDMENT TO CONTRACT FOR PROVISION OF SERVICES (R2012-0614); 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 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.

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 (R2012-1362) 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 (R2013-1300) and in the amount of **Two Hundred Four Thousand Five Hundred Six Dollars(\$204,506)**

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on October 1, 2013 is hereby amended as follows:

- I. Article 2 is hereby amended to read, the AGENCY shall commence services on October 1, 2014 and complete services on September 30, 2015.
- II. Article 3 is hereby amended to read, an amount not to exceed **Seven Hundred Ninety Six Thousand Six Hundred Eighty Dollars (\$796,680).**
- III. Exhibit "B-4" Pages 1, 2 and 3 is hereby replaced by "B-5" Pages 1 and 2 attached hereto and made a part thereof.
- IV. Article 11 is hereby amended to read, The AGENCY warrants and represents that all of its employees and participants in the programs it serves are treated equally during employment and/or services 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 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

BY: _____
Clerk & Comptroller

ATTEST:

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

BOARD OF COUNTY COMMISSIONERS

BY: _____
Priscilla A. Taylor, Mayor

WITNESS:

Eve Lyon
Signature

Eve Lyon
Name Typed

59-2240502
AGENCY's Federal ID Number

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

By: _____
Chief Assistant County Attorney

AGENCY:

The Lord's Place, Inc.
AGENCY's Name Typed

BY: Diana Stanley
Signature

Diana L. Stanley
AGENCY's Signatory Name Typed

Chief Executive Officer
AGENCY's Signatory Title Typed

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

Channell Wilkins
Channell Wilkins, Director

UNITS OF SERVICES AND BUDGET ALLOCATION

Agency: The Lord's Place, Inc

Definition of a Unit of Service for Homeless Resource Center (HRC)	Number of Units of Service	Cost Per Unit of Service
<p>Job Training and Placement 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 become competitive employees living independently; assess & assist in the creation of an individualized career plans. <u>Job Readiness Course</u> - 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 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 & materials for an interview & employment. Mock interviews are held to provide constructive feedback.</p> <p><u>Job Coaching</u> encompasses job coaching for 50% Lewis Center residents and 50% individuals referred by Lewis Center staff/partners placed in off-site housing.</p>	<p>119</p>	<p>\$795</p>
<p>A unit of job placement is defined as pre-employment activities & obtaining actual employment.</p> <p><u>Job Placement:</u> Job Coaches & Job Training Instructors 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 & assessments, development of career plans including mapping & monitoring job search activities, assist individuals to 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 & participants to identify employers to best match the participants' employment skills.</p> <p>Job Placement- 50% remain employed three months after obtaining employment.</p>	<p>61</p>	<p>\$1500</p>

Definition of a Unit of Service for Homeless Resource Center (HRC)	Number of Units of Service	Cost Per Unit of Service
Administration: 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, database, 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:

Job Training Authorized	\$ 94,415
Job Placement Authorized	\$ 91,500
Administration Authorized	\$ 18,591
TOTAL Authorized	\$ 204,506

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.



CERTIFICATE OF LIABILITY INSURANCE

LORDS-1 OP ID: RD

DATE (MM/DD/YYYY)
05/02/2014

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 Gulfstream Insurance Group Inc P.O. Box 8908 Fort Lauderdale, FL 33310-8908 David Arch	CONTACT NAME: Lynn Dowling, AINS, AAI, AIAM
	PHONE (A/C, No, Ext): 954-561-2220 FAX (A/C, No): 954-566-0673
	E-MAIL ADDRESS: lynn@gulfstreaminsurance.net
	INSURER(S) AFFORDING COVERAGE
	INSURER A : Philadelphia Indemnity Ins Co
	INSURER B : Guarantee Insurance Co
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

INSURED The Lord's Place, Inc.
PO Box 3266
West Palm Beach, FL 33402

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Prof Liab <input checked="" type="checkbox"/> Abuse/Molestation GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	PHPK1168993 \$1,000,000/\$3,000,000 \$1,000,000/\$3,000,000	05/03/2014 05/03/2014 05/03/2014	05/03/2015 05/03/2015 05/03/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ \$1MIL/\$1MIL COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
A	<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		PHPK1168993	05/03/2014	05/03/2015	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 DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		PHUB457973	05/03/2014	05/03/2015	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
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 N	WCP100516802GIC	04/01/2014	04/01/2015	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property XWIND		PHPK1168993	05/03/2014	05/03/2015	BLDG-SOV 7,495,398 BPP-SOV 781,920

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached 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	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Palm Beach County Board of County Commissioners c/o Human Services 810 Datura Street West Palm Beach, FL 33401	AUTHORIZED REPRESENTATIVE David Arch

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