

10/14/14
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					
In-Kind Match (County)					
NET FISCAL IMPACT					
# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included In Current Budget: Yes X No

Budget Account No.:

Fund 1101 Dept. 143 Unit 1435 Obj. 8201 Program Code Var. Program Period: GY13

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

Funding Source is the U.S. Department of Housing and Urban Development through the Emergency Solutions Grant.

C. Departmental Fiscal Review:

Taruna Malhotra, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

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

No additional fiscal impact.

OFMB

Contract Development and Control

B. Legal Sufficiency:


Chief Assistant County Attorney

C. Other Department Review:

Department Director

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

**AMENDMENT TO
CONTRACT FOR PROVISION OF SERVICES**

THIS AMENDMENT TO CONTRACT FOR PROVISION OF SERVICES (R2013-1398) 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 Children's Case Management Organization, Inc. d/b/a Families First of Palm Beach County, hereinafter referred to as the "AGENCY", a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 3333 Forest Hill Blvd. 2nd Floor, West Palm Beach, Florida 33406.

WITNESSETH:

WHEREAS, the AGENCY has agreed to provide emergency shelter services to pregnant and parenting families who are homeless; and

WHEREAS, the need exists to amend the current line item allocations.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on October 22, 2013 is hereby amended as follows:

I. Exhibit "A" Section II. A is hereby amended to replace the contents of this section with the following:

Budget Line Item Description	Amount
Emergency Shelter Component	
Hotel/Motel Vouchers	\$6,944
Homeless Prevention Component	
Emergency Rent and Utilities	\$7,528
TOTAL:	\$14,472

OTHER PROVISIONS:

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

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

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

ATTEST:

Sharon R. Bock, Clerk & Comptroller

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

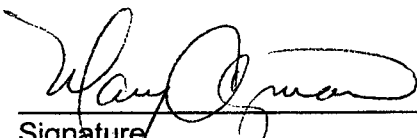
BOARD OF COUNTY COMMISSIONERS

BY: _____
Deputy Clerk

BY: _____
Priscilla A. Taylor, Mayor

WITNESS:

AGENCY:



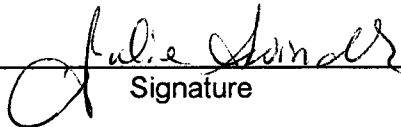
Signature

Children's Case Management
Organization Inc. d/b/a Families First of
Palm Beach County

AGENCY's Name Typed

Mary Aguiar
Name Typed

65-0166352

BY: 
Signature

Julie Swindler

AGENCY's Federal ID Number

AGENCY's Signatory Name Typed

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

Chief Executive Officer
AGENCY's Signatory Title Typed

By: _____
Chief Assistant County Attorney

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



Channell Wilkins, Director



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/11/2014

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 McLean Insurance Group 3070 W Lake Mary Blvd Ste 124 Lake Mary, FL 32746-8092	CONTACT NAME: Mike McLean PHONE (A/C, No, Ext): 407-324-5662 E-MAIL ADDRESS: mike@mclean4insurance.com FAX (A/C, No): 407-324-8268
INSURED Children's Case Management Organization, Inc. dba: Families First of Palm Beach County 3333 Forest Hill Blvd., 2nd Floor West Palm Beach, FL 33406	INSURER(S) AFFORDING COVERAGE INSURER A: Alliance of Nonprofits for Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURANCE	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO: JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	2014-32966	05/01/2014	05/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input 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 <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in FL) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	2014-32966	05/01/2014	05/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors & Officers Liability	<input type="checkbox"/>	2014-32966-DO	05/01/2014	05/01/2015	Each Wrongful Act \$1,000,000 Annual Aggregate \$1,000,000

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

Palm Beach County Board of County Commissioners, a political division of the State of Florida, its Officers, Employees and Agents are named as Additional Insured with respect to Commercial General Liability. Policy 2014-32966 includes the following coverages: Social Service Professional Liability with limits of \$1,000,000 for Each Occurrence and \$3,000,000 Aggregate; Improper Sexual Conduct with limits of \$1,000,000 for both Each Occurrence and Aggregate.

CERTIFICATE HOLDER

CANCELLATION

Palm Beach County Board of County Commissioners
Department of Community Services
810 Datura Street
West Palm Beach, FL 33401

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2014/01)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/10/14

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PRODUCER SLATON INSURANCE P.O. Box 220537 West Palm Beach, FL 33422 Raul N. Mercader	Phone: 561-683-8383 Fax: 561-684-5995	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):
		INSURER(S) AFFORDING COVERAGE INSURER A : Comp Options Insurance INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
		NAIC # 10834

INSURED
Children's Case Management Org
3333 Forest Hill Blvd 2nd FL
West Palm Beach, FL 33406

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 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"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED 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 <input type="checkbox"/> 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 <input type="checkbox"/> N/A	N/A	WC810-006220-002	03/11/14	03/11/15	WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

Complete Certificate Holder:
Palm Beach County Board of County Commissioners
A Political Subdivision of the State of Florida, It's Officers,
Employees & Agents c/o Department of Community Services
810 Datura Street, West Palm Beach, FL 33401

CERTIFICATE HOLDER

PALMBEA

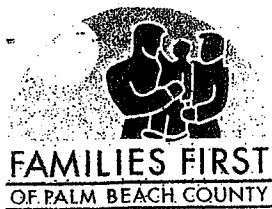
Palm Beach County
Board of County Commissioners
c/o Dept of Community Services
810 Datura Street
West Palm Beach, FL 33401

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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(561) 721-2887 Office
(561) 721-2893 Fax

www.FamiliesFirstPBC.org

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Chief Executive Officer

Julie A. Swindler, LCSW

August 13, 2014

Ms. Sharon O'Neill
Grant Compliance Specialist II
PBC Community Services Department
810 Datura Street
West Palm Beach, FL 33401

Dear Sharon,

This letter is to confirm that Families First of Palm Beach County maintains automobile insurance and only covers both hired autos and non-owned autos. Families First does not have any company owned nor company leased autos.

Please feel free to let me know if you have any additional questions for me.

Sincerely yours,

Julie Swindler, LCSW
Chief Executive Officer



Families First of Palm Beach County is a 501(c)(3) organization and registered with the state of Florida #CH4252. "A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE (800) 435-7352 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE."

