

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2015	2016	2017	2018	2019
Capital Expenditures					
Operating Costs	100,000				
External Revenue	(100,000)				
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 1475 Object 8101 Program Code RW52 Program Period GY15

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

Funding source is the U.S. Department of Health and Human Services. No County Funds are required.

C. Departmental Fiscal Review: TM
 Taruna Malhotra, Director, Financial & Support Svcs

III. REVIEW COMMENTS

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

JPH/MLK
 OFMB ³⁰ 4/8 AK 8/3 4/9/15 4/9

Dr. S. Jacobson 4/10/15
 Contract Development and Control

B. Legal Sufficiency:

Helene C. Strijd
 Assistant County Attorney

C. Other Department Review:

 Department Director

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



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**

Shelly Vana, Mayor

Mary Lou Berger, Vice -Mayor

Hal R. Valeche

Paulette Burdick

Steven L. Abrams

Melissa Mckinlay

Priscilla A. Taylor

County Administrator

Robert Weisman

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: February 24, 2015

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 needs to extend this contract due to federal requirements for registering a new provider of this service. These regulations require the new provider to start delivering services in July 2015. The Department of Community Services is extending the current Ryan White Part A contract with the Healthcare District of Palm Beach County to ensure a continuation of services as the Department of Community Services transitions to a new provider of local pharmacy services. The total amount of the contract amendment is \$100,000.

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.

Staff will submit this item at the Board's next Commission meeting as a "Receive and File" item 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.

Tanya Malhotra

Director, Financial & Support Services

Helene B. [Signature]

Assistant County Attorney

[Signature]

Jon Van Arnam
Assistant County Administrator

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

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.

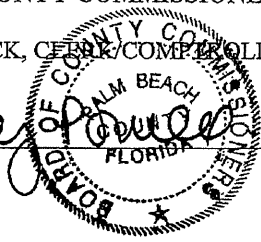
APPROVED AS TO FORM
LEGAL SUFFICIENCY

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

SHARON R. BOCK, CLERK/COMPTROLLER

By: 
Chief Assistant County Attorney

By: 
Deputy Clerk



APPROVED AS TO TERMS
AND CONDITIONS

BY: 
DEPARTMENT HEAD

**AMENDMENT TO CONTRACT FOR PROVISION
OF RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES**

THIS AMENDMENT TO THE CONTRACT FOR PROVISION OF RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES (Document No. R2014-0587) made and entered into at West Palm Beach Florida, on this ____ day of ____, 2015 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 10th Avenue North, Suite 100, Palm Springs, FL 33461, and whose tax ID number is 65-0145123.

WITNESSETH:

WHEREAS, the Parties entered in a contract for the period of March 1, 2014 to February 28, 2015 which provided for the District which provides services to the brief program description; and

WHEREAS, the contract currently has expiration date of February 28, 2015 and is funded in the amount of **FOUR HUNDRED FORTY-FOUR THOUSAND THIRTY-ONE DOLLARS (\$444,031)**;

WHEREAS, the parties desire to extend the contract to July 31, 2015 and in the amount of **ONE HUNDRED THOUSAND DOLLARS (\$100,000)**.

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 May 6, 2014 is hereby amended as follows:

- I. So much of ARTICLE-4 SCHEDULE that says February 28, 2015 shall be amended to read July 31, 2015.
- II. So much of ARTICLE-3 PAYMENTS TO THE DISTRICT/REIMBURSABLE that says **Four Hundred Forty-Four Thousand Thirty-One Dollars (\$444,031)** shall be amended to read **Five Hundred Forty- Four Thousand Thirty-One Dollars (\$544,031)**.
- III. New Work Plan Exhibit "A1" attached hereto shall replace the Work Plan Exhibit "A" in its entirety.
- IV. New Budget Exhibit "B1" attached hereto shall replace the Budget Exhibit "B" in its entirety.
- V. Increase funding for **Local Supplemental/ADAP Supplemental Drug Program** by \$100,00 not to exceed \$544,031. The new funding is from GY 2015 funds and must be used for activities performed from March 1, 2015 through July 31, 2015.
- IV. Total contract not to exceed amount will be \$544,031.

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.

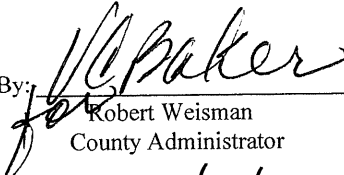
All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the parties hereto have caused this three (3) page Amendment to be executed by their officials thereupon duly authorized.

ATTEST:
Sharon R. Bock
Clerk and Comptroller

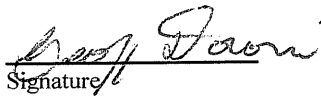
PALM BEACH COUNTY
BOARD OF COUNTY
COMMISSIONERS

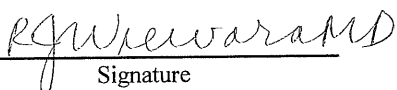
By: _____
Deputy Clerk

By: 
Robert Weisman
County Administrator
2/25/15
Date

WITNESS:

AGENCY:
Health Care District of Palm Beach County


Signature

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


Geoff Downie
Witness Name

2/24/15
Date


APPROVED AS TO FORM AND
LEGAL SUFFICIENCY


Assistant County Attorney

APPROVED AS TO TERMS
AND CONDITIONS


Channell Wilkins, Director
Palm Beach County Department of
Community Services

Approved as to Form and Legal Sufficiency

By: 
Nicholas W. Romanello
General Counsel
Health Care District of
Palm Beach County.

Work Plan
March 1, 2014 - July 31, 2015

#	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	Drug Reimburs.	902	6,350		(1)	(2)	<p>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.</p>	<p>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. 25,565 units will be provided to Ryan White eligible clients. A unit of service includes one filled drug prescription, including information regarding dosages and adherence.</p>
2	District of PBC	ADAP/Local Supplemental Drug and Nutritional Supplements							
3									
4									
5									
6									
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9									
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16									
17									
18									


- (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.

EXHIBIT B 1
SELECT AGENCY
SERVICE CATEGORY
CURRENT & PROPOSED OPERATING BUDGET
FISCAL YEAR RW-GY15

ACCT #	TITLE	BUDGET AMOUNT
PROGRAM EXPENSES		
140.1201	Regular Salaries and Wages	
140.2101	FICA	
140.2201	Retirement Contributions	
140.2301	Life and Health Insurance	
140.2401	Workers Compensation	
140.2501	Unemployment Compensation	
140.3101	Professional Services	
140.3103	Medical/Health Care and Nutrition Services	\$ 90,000
140.3118	Dental Services	
140.3125	Legal Services	
140.3126	Interpreter Services	
140.3127	Health Disabilities	
140.3140	Consultant Services	
140.3201	Audit Services	
140.3203	Accounting and Consulting Services	
140.3401	Other Contractual Services	
140.3419	Contracted Food	
140.3421	Training	
140.3431	Laboratory Testing	
140.3438	Emergency Assistance	
140.4001	Travel Per Diem and Mileage	
140.4101	Communication Services	
140.4200	Child Transportation Services	
140.4201	Other Transportation	
140.4205	Postage/Shipping	
140.4301	Utilities	
140.4401	Rent	
140.4405	Rent-Other Equipment	
140.4601	Repair and Maintenance	
140.4701	Printing and Graphics	
140.4909	Licenses, Permits and Certifications	
140.4932	Parent Activity	
140.4945	Advertising	
140.5101	Office Supplies	
140.5111	Office Furniture And Equipment	
140.5121	Data Processing Software/Accessories	
140.5201	Materials/Supplies Operating	
140.5202	Janitorial Supplies	
140.5230	Medicine and Drugs	
140.5231	Medical-Surgical Supplies	
140.5233	Laboratory Supplies	
140.5242	Food Prep and Serving Supplies	
140.5243	Personal Care Items	
140.5244	Food and Dietary	
140.5401	Books, Publications and Subscriptions	
140.5402	Educational Training Materials	
140.5412	Dues and Memberships	
140.6401	Machinery and Equipment	
140.6405	Data Processing Equipment	
140.6406	Data Processing Software	
140.8000	Unit Cost - Direct Services	
Total Program Expenses		\$ 90,000
ADMIN EXPENSES		
800.1201	Salaries and Wages Regular Admin	\$ 10,000
800.2101	FICA-Taxes Admin	
800.2105	FICA Medicare Admin	
800.2112	Other Benefits Admin	
800.2201	Retirement Contributions-FRS Admin	
800.2301	Insurance-Life and Health Admin	
800.2401	Workers' Compensation Admin	
800.2501	Unemployment Compensation Admin	
800.3201	Audit Services Admin	
800.3203	Accounting and Consulting Service Admin	
800.4001	Travel And Per Diem Admin	

800.4101	Communication Services Admin	
800.4301	Utilities Admin	
800.4401	Rent Admin	
800.5101	Office Supplies Admin	
800.5201	Materials/Supplies Operating Admin	
800.5242	Food Prep and Serving Supplies Admin	
800.6401	Machinery and Equipment Admin	
800.8000	Other Administrative	
800.9515	Admin Costs-Indirect	
820.1201	Salaries and Wages Regular Prgm	
820.2101	FICA-Taxes Prgm	
820.2105	FICA Medicare Prgm	
820.2112	Other Benefits Prgm	
820.2201	Retirement Contributions-FRS Prgm	
820.2301	Insurance-Life and Health Prgm	
820.2401	Workers' Compensation Prgm	
820.2501	Unemployment Compensation Prgm	
Total Admin Expenses	(NOT TO EXCEED 10% OF BUDGET)	\$ 10,000
Grand Total		\$ 100,000
Total Admin %		10%
Total Program %		90%

CERTIFICATE OF COVERAGE			
Certificate Holder HEALTH CARE DISTRICT OF PALM BEACH COUNTY 2601 10th AVENUE NORTH SUITE 100 PALM SPRINGS FL 33461	Administrator Issue Date 11/19/14 Florida League of Cities, Inc. Department of Insurance and Financial Services P.O. Box 530065 Orlando, Florida 32853-0065		
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 10/1/14	COVERAGE PERIOD: TO 10/1/15 12:01 AM STANDARD TIME	
TYPE OF COVERAGE - LIABILITY General Liability <input type="checkbox"/> Comprehensive General Liability, Bodily Injury, Property Damage, Personal Injury and Advertising Injury <input type="checkbox"/> Errors and Omissions Liability <input type="checkbox"/> Employment Practices Liability <input type="checkbox"/> Employee Benefits Program Administration Liability <input type="checkbox"/> Medical Attendants'/Medical Directors' Malpractice Liability <input type="checkbox"/> Broad Form Property Damage <input type="checkbox"/> Law Enforcement Liability <input type="checkbox"/> Underground, Explosion & Collapse Hazard Limits of Liability Automobile Liability <input type="checkbox"/> All owned Autos (Private Passenger) <input type="checkbox"/> All owned Autos (Other than Private Passenger) <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos Limits of Liability		TYPE OF COVERAGE - PROPERTY <input type="checkbox"/> Buildings <input type="checkbox"/> Basic Form <input type="checkbox"/> Special Form <input type="checkbox"/> Personal Property <input type="checkbox"/> Basic Form <input type="checkbox"/> Special Form <input type="checkbox"/> Agreed Amount <input type="checkbox"/> Deductible N/A <input type="checkbox"/> Coinsurance N/A <input type="checkbox"/> Blanket <input type="checkbox"/> Specific <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Inland Marine <input type="checkbox"/> Electronic Data Processing <input type="checkbox"/> Bond Limits of Liability on File with Administrator	
Automobile/Equipment - Deductible <input type="checkbox"/> Physical Damage NA - Comprehensive - Auto NA - Collision - Auto NA - Miscellaneous Equipment			
Other			
Description of Operations/Locations/Vehicles/Special Items RE: Evidence of Coverage			
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. <div style="text-align: center;">  _____ AUTHORIZED REPRESENTATIVE </div>	



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
02/25/2015

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 Aon Risk Services, Inc of Florida 1001 Brickell Bay Drive Suite 1100 Miami FL 33131 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED Health Care District of Palm Beach Count 2601 10th Avenue North Suite 100 Palm Springs FL 33461-3133 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: American Zurich Ins Co		40142
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER: 570056887724** **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			GLA00832500	12/31/2014	10/01/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 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 SIR/Deductible \$25,000
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			GLA00832500	12/31/2014	10/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION						EACH OCCURRENCE AGGREGATE
	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				PER STATUTE OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

Certificate No : 570056887724

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

RE: Ryan White Grant is included as Additional Insured in accordance with the policy provisions of the General Liability policy, but only insofar as permitted by Florida Statute 768.28 and otherwise allowed by law.

CERTIFICATE HOLDER Palm Beach County Board of Commissioners c/o Department of Community Services Attn: Ryan White Program Manager 810 Datura Street West Palm Beach FL 33401 USA	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 <i>Aon Risk Services Inc. of Florida</i>
--	--



May 14, 2014

Attn: Ryan White Program Manager
Community Services Department
Palm Beach County Board of County Commissioners
810 Datura Street, Suite 200
West Palm Beach, FL 33401

The Health Care District of Palm Beach County (District) is self-insured for Professional Liability. The District retains the risk of loss for these claims under the Florida constitution doctrine of Sovereign Immunity. Such claims are generally limited to \$200,000 per claim/\$300,000 per occurrence.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. J. Wiewora'.

Ronald J. Wiewora, MD, MPH
Chief Executive Officer/Chief Medical Officer

RJW/ls



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
02/25/2015

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Aon Risk Services, Inc of Florida 1001 Brickell Bay Drive Suite 1100 Miami FL 33131 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105	
	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 570000062936	
INSURED Health Care District of Palm Beach Count 2601 10th Avenue North Suite 100 Palm Springs FL 33461-3133 USA	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: American Guarantee & Liability Ins Co 26247	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

Holder Identifier :

COVERAGES CERTIFICATE NUMBER: 570056887709 REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)


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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> PROPERTY	ZMD931987200	05/01/2014	05/01/2015	BUILDING		
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	
	<input type="checkbox"/> BASIC				BUILDING	<input checked="" type="checkbox"/> BUSINESS INCOME w/o Extra Expense	\$10,333,625
	<input type="checkbox"/> BROAD				CONTENTS	<input checked="" type="checkbox"/> EXTRA EXPENSE	\$10,000,000
	<input checked="" type="checkbox"/> SPECIAL					RENTAL VALUE	
	<input type="checkbox"/> EARTHQUAKE				BLANKET BUILDING		
	<input type="checkbox"/> WIND				BLANKET PERS PROP		
	<input type="checkbox"/> FLOOD				<input checked="" type="checkbox"/> BLANKET BLDG & PP	\$106,573,050	
	<input type="checkbox"/> Blkt B&PP Ded						
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY					
	CAUSES OF LOSS	POLICY NUMBER					
	<input type="checkbox"/> NAMED PERILS						
	<input type="checkbox"/> CRIME						
	TYPE OF POLICY						
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN						

CERTIFICATE NUMBER: 570056887709

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Palm Beach County Board of Commissioners c/o Department of Community Services Attn: Ryan White Program Manager 810 Datura Street West Palm Beach FL 33401 USA	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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AGENCY CUSTOMER ID: 570000062936

LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services, Inc of Florida		NAMED INSURED Health Care District of Palm Beach Count	
POLICY NUMBER See Certificate Number: 570056887709		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570056887709	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 24 FORM TITLE: Certificate of Property Insurance

Companies Affording coverage

LINE OF BUSINESS DESCRIPTION	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COMPANY	NAIC	PRIMARY (Y/N) FLAG	PERCENTAGE OF RISK
Commercial Property Coverage	ZMD931987200	5/1/2014	5/1/2015	American Guarantee & Liability Ins Co	26247	Y	100

The Subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.