

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: July 7, 2015	<input checked="" type="checkbox"/>	Consent	<input type="checkbox"/>	Regular
	<input type="checkbox"/>	Ordinance	<input type="checkbox"/>	Public Hearing

Department

Submitted By: Community Services

Submitted For: Human Services Division

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I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Amendment No. 1 to Contract for Provision of Services with Aid to Victims of Domestic Abuse, Inc. (AVDA) (R2014-1567), for the period October 1, 2014, through September 30, 2015, to reallocate budget between service programs to provide emergency shelter services to victims of domestic abuse and their children.

Summary: This amendment is necessary to amend the current line item allocations. The reallocation of funds will allow AVDA to continue serving shelter residents in existing shelter building. Utilities and Equipment Rental/Maintenance budget line items will be reallocated to Building/Grounds Maintenance, Resident Food, Facility Supplies and Program Supplies. Overall total funding of \$45,249 will not change. No County funds are required. (Human Services) Countywide (HH)

Background and Justification: The Department of Economic Sustainability received \$487,676 in funding from the U.S. Department of Housing and Urban Development to administer the ESG program for Fiscal Year 2014-2015. Undertaking of this Program has been an inter-department effort between the Community Services Department and the Department of Economic Sustainability.

Attachments: Amendment No. 1

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Recommended By: _____

Department Director

Date

Approved By: _____

Assistant County Administrator

Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2015	2016	2017	2018	2019
Capital Expenditures					
Operating Costs					
External Revenue					
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 1101 Dept. 143 Unit 1435 Obj. 8201 Program Code Var. Program Period: GY14

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

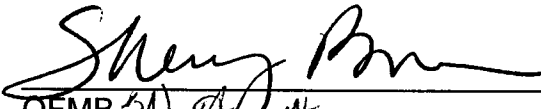
*Funding Source is the U.S. Department of Housing and Urban Development through the Emergency Solutions Grant.

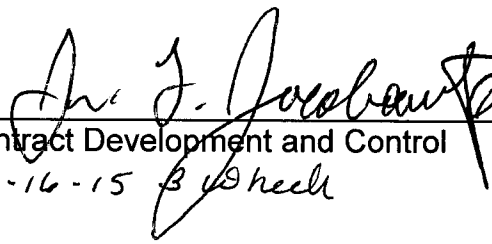
C. Departmental Fiscal Review:


Taruna Malhotra, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

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


OFMB 5/10 6/11 6/12 6/11/15


Contract Development and Control
6-16-15 B. B. heck

B. Legal Sufficiency:

 6-16-15
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 (R2014-1567) is made and entered into at West Palm Beach Florida. On this _____ day of _____, 2015 by and between PALM BEACH COUNTY, a political subdivision of the state of Florida hereinafter referred to as "COUNTY" and Aid to Victims of Domestic Abuse, 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 6161, Delray Beach, Florida 33482.

WITNESSETH:

WHEREAS, the AGENCY has agreed to provide emergency shelter to victims of domestic violence and their children; 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 21, 2014 is hereby amended as follows:

- I. Exhibit "A" Section II. A. is hereby amended to replace the contents of this section with the following:
 - A. Provide up to \$45,249 in funding. The County agrees to reimburse the Agency for Emergency Shelter. The total shall not exceed \$45,249 in funding for the following budget line items:

Budget Line Item Description	Amount
Emergency Shelter	
Insurance	\$7,100
Program Supplies	\$5,400
Building and Ground Maintenance	\$15,000
Utilities	\$3,000
Resident Food	\$6,749
Facility Supplies	\$6,900
Equipment Rental/Maintenance	\$1,100
TOTAL:	\$45,249

OTHER PROVISIONS:

All provisions in the Contract or exhibits to the Contract in conflict with this 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: _____
Shelley Vana, Mayor

WITNESS:

AGENCY:

Pam O'Brien
Signature

Aid to Victims of Domestic Abuse, Inc.

AGENCY's Name Typed

Pam O'Brien
Name Typed
59-2486620

BY: *Jean Magrella, Board Chair*
Signature
Jean Magrella

AGENCY's Federal ID Number

AGENCY's Signatory Name Typed

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

Board Chair
AGENCY's Signatory Title Typed

By: _____
~~Sharon R. Bock~~ Assistant County Attorney

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

Channell Wilkins
Channell Wilkins, Director



CERTIFICATE OF LIABILITY INSURANCE

AIDTO-1 OP ID: PR

DATE (MM/DD/YYYY)

06/02/2015

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 Gulfstream Insurance Group Inc P.O. Box 8908 Fort Lauderdale, FL 33310-8908 David Arch	CONTACT NAME: Lynn Dowling	
	PHONE (A/C, No, Ext): 954-334-1726	FAX (A/C, No): 954-537-0177
	E-MAIL ADDRESS: lynn@gulfstreaminsurance.net	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Philadelphia Indemnity Ins Co	
	INSURER B :	
INSURED Aid to Victims of Domestic Abuse, Inc. P.O. Box 6161 Delray Beach, FL 33482-6161	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	
	NAIC #	
	18058	


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"/> Professional Liab <input checked="" type="checkbox"/> Abuse/Molestation GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	PHPK1267908	12/10/2014	12/10/2015	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> 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		PHPK1267908	12/10/2014	12/10/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB 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 OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	D&O/EPLI		PHSD1000064	12/10/2014	12/10/2015	D&O/EPLI \$1MIL/\$1MIL

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 Subdivision of the State of Florida, its officers, employees and agents, c/o Department of Community Services are additional insured with respect to general liability per written contract. With 10 days written notice of cancellation for non payment of premium and 30 days for all others..

CERTIFICATE HOLDER	CANCELLATION
PALMBCD Palm Beach County c/o Dept. 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 

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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/04/2015

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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 PAYCHEX INSURANCE AGENCY, INC. 150 SAWGRASS DRIVE ROCHESTER, NY 14620	CONTACT NAME: PHONE (A/C, NO. EXT): 877-266-6850		FAX (A/C, No): 585-389-7426
	E-MAIL ADDRESS:		
INSURED Paychex Business Solutions LLC Aid to Victims of Domestic Abuse Inc 911 PANORAMA TRAIL SOUTH ROCHESTER, NY 14625-0397	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: ILLINOIS NATIONAL INSURANCE COMPANY		23817
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR 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"/> PROJECT <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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	X	066085199	06/01/2015 06/01/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.00 E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00

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

Worker's Compensation coverage is provided to only those employees leased to, but not subcontractors of the named insured.

Waiver of Subrogation granted in favor of the certificate holder.

CERTIFICATE HOLDER Palm Beach County Board of County Commissioners CSD 810 Datura Street 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, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE