

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2016	2017	2018	2019	2020
Capital Expenditures					
Operating Costs	\$57,619				
External Revenue					
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	\$57,619				

No. ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget? Yes X No

Budget Account No.:

Fund 0001 Dept 740 Unit 2532 Object 8201 Program Code _____ Program Period _____


**B. Recommended Sources of Funds/Summary of Fiscal Impact:
Funding Source is Palm Beach County**

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

III. REVIEW COMMENTS

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

Sherry Brown
OFMB KID
12/21


 Contract Development and Control
 BUROCK 10-7-16

B. Legal Sufficiency:

Helene C. Abund
Assistant County Attorney

C. Other Department Review:

Department Director

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

AMENDMENT TO FINANCIALLY ASSISTED AGENCIES CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE

THIS AMENDMENT TO THE FINANCIALLY ASSISTED AGENCIES CONTRACT

(R2015-0711) made and entered into in Palm Beach County Florida, on this _____ day of _____ 2015 by and between PALM BEACH COUNTY, a Political Subdivision of the State of Florida, by and through its Board of Commissioners, hereinafter referred to as "COUNTY" and **Southeast Florida Behavioral Health Network, Inc.** hereinafter referred to as the AGENCY, a not-for-profit corporation authorized to do business in the State of Florida, whose address is **140 Intracoastal Point Drive, Ste. 211, Jupiter, Florida 33477.**

WITNESSETH:

WHEREAS, the parties entered in a contract on **June 2, 2015** which provided for the agency/program which provides services under the Service Area of **Behavioral Health**; and

WHEREAS, the contract currently has an expiration date of September 30, 2015 and is funded in the amount of **SEVENTY ONE THOUSAND, FOUR HUNDRED AND EIGHTY NINE DOLLARS (\$71,489)**; and

WHEREAS, the parties desire to extend the contract to September 30, 2016 and in the amount of **FIFTY SEVEN THOUSAND SIX HUNDRED AND NINETEEN DOLLARS (\$57,619)**.

WHEREAS, the parties agree that certain other amendments to the contract are necessary and appropriate.

NOW THEREFORE, the above named parties hereby mutually agree that the contract is hereby amended as follows:

1. So much of ARTICLE 1 – SERVICES shall be amended to read:
The parties may, by mutual agreement, extend this contract for up to 2 additional years. If the AGENCY wishes to extend the contract, it must submit a proposed "Scope of Work and Service Units" and proposed costs for the next fiscal year (October 1 – September 30) no later than May 31st of each year. Upon recommendation of the DEPARTMENT and availability of funding, an appropriate amendment extending this contract may be submitted by the DEPARTMENT to the AGENCY and the Board of County Commissioners for their consideration.
2. So much of Article 2 - Schedule that says September 30, 2015 shall be amended to read September 30, 2016.
3. So much of Article 3 - Payments that **FIFTY SEVEN THOUSAND, SIX HUNDRED AND NINETEEN DOLLARS (\$57,619)** shall be amended to read **ONE HUNDRED TWENTY NINE THOUSAND, ONE HUNDRED AND EIGHT**

DOLLARS (\$129,108).

4. Exhibit A-1 for FY 2016 is attached hereto and made a part hereof showing an updated and revised scope of work and such exhibit supersedes and replaces Exhibit A.
5. Exhibit B-1 for FY 2016 is attached hereto and made a part hereof showing new units service rate and definition and such exhibit supersedes and replaces Exhibit B.
6. Exhibit C-1 for FY 2016 is attached hereto and made a part hereof showing the Final Reconciliation Statement and such exhibit supersedes and replaces Exhibit C.
7. So much of ARTICLE 6, paragraph 7 – AMENDMENTS TO FUNDING LEVELS shall be amended to read:
Any increase or decrease of funding for any of the AGENCY's contracted programs of up to 10% may be approved by the Director of Community Services or Designee. Any increase or decrease of funding over 10% must be approved by the Board of County Commissioners.
8. So much of ARTICLE 13 - AGENCY'S PROGRAMMATIC REQUIREMENTS shall be amended to read:
The AGENCY agrees to specific programmatic requirements, including but not limited to, the following:
 - A. The AGENCY must maintain separate financial records for Financially Assisted Agencies (FAA) Contract funds and account for all receipts and expenditures including direct and indirect cost allocations in accordance with Generally Accepted Accounting Principles (GAAP), by individual service categories, by administration and program costs. Financially Assisted Agencies' cost allocations are to be completed and posted by service category, delineating program and administrative costs, to the general ledger on a monthly basis. The backup documentation-copies of paid receipts, copies of checks, invoices, or any other applicable documents acceptable to the Palm Beach County Department of Community Services will be requested as desk and/or on-site monitoring on a periodic basis. Allowable administrative expenses shall not exceed fifteen percent (15%) and shall be inclusive with the unit cost of service. The administrative cost to be maintained at individual service category and to be available as in the detailed general ledger. These costs must support the unit rate and number of units billed.
 - B. That the COUNTY shall be promptly reimbursed for any funds which are misused, misspent or unspent are for any reason deemed to have been spent on ineligible expenses.
 - C. Maintain records in accordance with the Public Records Law, Chapter 119, Florida Statutes.
 - D. No private or confidential data collected, maintained or used during the course of the contract period shall be disseminated except as authorized by statute during the contract period or thereafter.
 - E. To allow COUNTY through the DEPARTMENT to both fiscally and programmatically monitor to assure that its fiscal and programmatic goals and conduct as outlined in the Scope of Work, Exhibit A-1 and Units of Service Rate and Definition, Exhibit B-1 are adhered to. All contracted programs/services will be monitored at least yearly and possibly twice-yearly. Outcomes will be reviewed on a quarterly basis. The DEPARTMENT staff will utilize and review other Funder's licensing or accreditation monitoring results. A copy of all grant

audits and monitoring reports by other funding entities are required to be provided to the County. Services will be monitored against administrative and programmatic standards designed to measure program efficiency and effectiveness. The AGENCY shall maintain business and accounting records detailing the performance of the contract. Authorized representatives or agents of the COUNTY and/or the DEPARTMENT shall have access to records upon reasonable notice for purposes of review, analysis, inspection and audit.

- F. Outcomes are to be entered for each program as clients are served into the designated reporting system. Reports must be entered in the designated reporting system on a quarterly basis so that staff is able to determine performance of services being provided. Ensure data submitted clearly documents all client admissions and discharges which occurred under this Contract and ensure data entered clearly documents all program participants, programs and strategies which occurred under this Contract, if applicable. Ensure all data entered in the designated website reporting system is consistent with the data maintained in the AGENCY'S client files. Data that is entered incorrectly must be corrected within the timeframe designated by the DEPARTMENT upon discovery of error or notification of error, whichever occurs first. Failure to provide this information in a timely fashion and in the format required will be grounds for financial reimbursements to be held by the COUNTY until such information is submitted. For Behavioral Health contracts, the Concordia Portal and any other data reporting system designated by COUNTY will be used as the source for all data used to determine compliance with programmatic contractual requirements. Final client data entry must be completed by September 30 of each year in order to be in contract compliance and also to be able to determine AGENCY'S progress in attaining its goals as outlined in the Scope of Work, Exhibit A. Failure to provide this information in a timely fashion and in the format required will be grounds for financial reimbursements to be held by COUNTY staff or adverse consideration of future funding.
- G. Agencies receiving County funds to provide homeless and shelter related services agrees to be a partner in the community's Client Management Information System and to execute the necessary Partner and User Agreements and shall fully comply with the terms and conditions as set forth in these documents.
- H. Submit a demographic report based on the clients served by the COUNTY funding. This report will be due yearly no later than September 15. Failure to provide this information in a timely fashion and in the format required will be grounds for financial reimbursements to be withheld by the County until such information is submitted. All data must be submitted via the Department of Community Services designated reporting system.
- I. All behavioral health Agencies providing care coordination services must provide documentation of executed Memorandum of Understanding (MOU) with behavioral health providers required to meet the needs of families in multiple areas of the county. If new behavioral health service agencies are needed the care coordination shall get approval from the Community Services Department Director. The Concordia Portal and any other data reporting system designated by COUNTY will be used as the source for all data used to determine compliance with programmatic contractual requirements.

- J. AGENCY agrees to not use or disclose protected health information, defined as individually identifiable health information other than permitted or required by this Contract or as required by law.
- K. AGENCY must have clearly written eligibility criteria and process that includes the following:
 - a. Client must be a resident of Palm Beach County.
 - b. Eligibility for Economic Stability and Poverty Program must be income based according to the Federal Poverty Levels.
 - c. Eligibility for Homelessness must be according to the Federal HUD Guidelines.
- L. Disclosure of Incidents:

AGENCY must inform Funder by telephone all unusual incidents that involved any FAA Clients within 4 - 8 hours of the occurrence of the incidents. This includes incidents occurring in or out of the facilities or on approved trips away from the facility. A written report must follow within 24 hours of the incidents. An unusual incident is defined as any alleged, suspected, or actual occurrence of an incident that adversely affects the health and safety of the FAA Clients. All of the incidents require that immediate action is taken to protect FAA Clients from further harm, that an investigation is conducted to determine the cause of the incident and contributing factors, and that a prevention plan is developed to reduce the likelihood of further occurrences. Examples include but are not limited to physical, verbal or sexual abuse.
- M. For FAA Clients who are children or adolescent, the AGENCY must inform Funder by telephone all unusual incidents that involved any FAA Clients within 2-4 hours of the occurrence of the incidents. This includes incidents occurring in or out of the facilities or on approved trips away from the facility. A written report must follow within 24 hours of the incidents. An unusual incident is defined as any alleged, suspected, or actual occurrence of an incident that adversely affects the health and safety of the FAA Clients. All of the incidents require that immediate action is taken to protect FAA Clients from further harm, that an investigation is conducted to determine the cause of the incident and contributing factors, and that a prevention plan is developed to reduce the likelihood of further occurrences. Examples include but are not limited to physical, verbal or sexual abuse.
- N. AGENCY must inform Funder of incidents regarding overall negative funding.
- O. AGENCY must inform Funder of incidents of emergency, disaster and recovery situations that can impact the service delivery to the Clients.
- P. AGENCY must have an approved Succession Plan indicating how they plan to communicate to Funders if Key Personnel of Senior Management plans on leaving the Agency. Provide an action plan and timeline for replacement.
- Q. AGENCY must notify Funder of vacant positions of Key Personnel to the contract.
- R. AGENCY must provide Key Personnel appropriate training according to their staff qualifications.
- S. AGENCY must provide a roster of Board of Directors, with titles, addresses, phone numbers and a copy of the Board By-Laws.
- T. AGENCY must provide a copy of their revised budget if there are programmatic changes. This needs to be reviewed, discussed and approved by Community Services Department Program and Fiscal Staff.

- U. To submit at least twice annually to 211 Palm Beach/Treasure Coast, Inc. information regarding available services and related information about Impact Partner and the funded program(s), as requested by 211 Palm Beach/Treasure Coast, Inc.

Failure to provide this information in a timely fashion and in the format required will be grounds for financial reimbursements to be held by the COUNTY until such information is received.

Copies of the required COUNTY forms have been supplied to the as attachments to this contract.

9. ARTICLE 14 – AGENCY CERTIFICATION/NONPROFITS FIRST shall be replaced with the following:

It is the policy of the COUNTY that all agencies receiving funding through the Financially Assisted Agencies Program must participate in the Agency Certification process developed by Nonprofits First (CENTER). All new FAA funded agencies will complete certification within eighteen (18) months of their initial County contract and make significant progress towards achievement of certification standards within the first six (6) months. To comply with this policy, AGENCY will provide written documentation of completion of the agency-wide self-assessment from the CENTER, by April 15, 2016. AGENCY will work in collaboration with the CENTER using the certification assessment tool provided by the CENTER and approved by the DEPARTMENT. AGENCY understands that self-assessment is an initial step towards agency certification. All currently certified agencies will be required to maintain their certification status throughout their contract period.

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 Amendment to be executed by their officials thereupon duly authorized.

ATTEST:

Sharon R. Bock, Clerk & Comptroller

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

BOARD OF COUNTY COMMISSIONERS

BY: _____
Deputy Clerk

BY: _____
~~XXXXXXXXXXXXXXXXXXXX~~
Shelley Vana, Mayor
Mary Lou Berger, Mayor

WITNESS:

Karen Castle
Signature

AGENCY:

Southeast Florida Behavioral Health
Network, Inc.
Agency's Name Typed

Karen Castle
Name Typed

BY Ann M Berner
Signature

27-1871869
Agency's Federal ID Number

Ann Berner
Agency's Signatory Name Typed

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND CONDITIONS
Department of Community Services

Assistant County Attorney

By: Channell Wilkins
Channell Wilkins, Director

SCOPE OF WORK**PURPOSE**

The purpose of this contract is to obtain a Fidelity Manager to provide Training on the Wraparound Model to all Behavioral Health – Financially Assisted Agencies (FAA) which provides case management services. It is in the facilitation of this Wraparound training that the training is crucial because the Fidelity Manager works together with the FAA Agencies to implement the Wraparound Services to their clients with complex behavioral health challenges, and overcome common barriers to accessing effective services with the youths and adults to identify the strengths, needs, and potentially effective strategies, culminating in a single, coordinated, individualized plan of care. This training should include training facilities and training aid support for the Wraparound Services Training.

DELIVERABLES

1. Annual Trainings (2 minimum)
 - a) Provide a minimum of 2 annual trainings and additional as needed to ensure new case manager's or staff not fully competent receive necessary technical assistance and training. These trainings require the meeting rooms designed with training or instruction as the main purpose of design.
 - b) Provide information on dates that trainings were held, agenda and names of participants/agency represented.
2. Provide quarterly meetings with providers to ensure the local network of agencies share best practices and get updates on the Wraparound fidelity model.
 - a) Provide information on dates that meetings were held, agenda and number of participants/agency represented.
3. Provide monthly QA/QI Coordinator meetings to verify data collection and report on Wraparound standards. (reporting tool may be modified by joint consent of SEFBHN and Community Services to reflect updates in program design)
 - a) Attach a quarterly standard reporting form that including the following fields/areas: family, friends, clergy, neighbors, peers, school, and/or external professionals
4. Provide at least one weekly observation of the Wraparound case management process being implemented and provide observation notes from the meetings.
 - a) This needs to include the number of case workers implementing Wraparound model with agency information, clients under Wraparound model, clients contact hours, type of support people associated with each case.

Payment Schedule

The Scope of Work to be completed by AGENCY as defined in Exhibit "A-1" consists of specific completion of the Wraparound Training as expressly indicated below. Compensation for the work tasks stated herein shall be in accordance with the following Schedule of Payments:

Deliverables	Amount
First Annual Wraparound Training	\$ 18,409.50
Quarter 1 - Wraparound quarterly meetings / Reports	\$ 10,400.00
Quarter 2 - Wraparound quarterly meetings/ Reports	
Monthly QA/QI Coordinator meetings and reports (Oct – Dec)	
Monthly QA/QI Coordinator meetings and reports (Jan – Mar)	
Weekly Observation Reports (Oct – Dec)	
Weekly Observation Reports (Jan – Mar)	
Second Annual Wraparound Training	\$ 18,409.50
Quarter 3 - Wraparound quarterly meetings/ Reports	\$ 10,400.00
Quarter 4 - Wraparound quarterly meetings/ Reports	
Monthly QA/QI Coordinator meetings and reports (Apr - Jun)	
Monthly QA/QI Coordinator meetings and reports (Jul - Sep)	
Weekly Observation Reports (Apr - Jun)	
Weekly Observation Reports (Jul - Sep)	
Total Amount for Deliverables*	\$ 57,619

* "Deliverables" shall be defined as progress reports, completed training sessions, specific reports, work plans, documentation of meetings attended, assessment study reports, analysis reports, summary reports, recommendation reports and related reports and verifiable deliverables.



SOI7355

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/8/2015

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 this 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 Commercial Lines Wells Fargo Insurance Services USA, Inc. 6100 Fairview Road Charlotte, NC 28210	CONTACT NAME: SOI Risk Department PHONE: 888-672-2412 FAX: (A/C No): E-MAIL: cert@trinet.com
INSURED Strategic Outsourcing, Inc. PO Box 241448 Charlotte, NC 28224 Re: SE FL Behavioral Health	INSURER(S) AFFORDING COVERAGE INSURER A: Indemnity Insurance Company of North America NAIC # 43575 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 9091175

REVISION NUMBER: See below

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 LTD	TYPE OF INSURANCE	ADDL INSR LTD	POLICY NO.	POLICY EFFECT DATE	POLICY EXPIRATION DATE	LIMITS
	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 <input type="checkbox"/> OTHER					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWED 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"/> EXCESS LINE <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in FL) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WLRC48560349	03/01/2015	03/01/2016	X PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Workers' Compensation Coverage is limited to employees leased to Southeast Florida Behavioral Health Network, Inc. by Strategic Outsourcing, Inc.

CERTIFICATE HOLDER

PALM BEACH COUNTY BOARD OF
COUNTY COMMISSIONERS C/O
COMMUNITY SERVICES DEPARTMENT
810 DATURA STREET, STE 200
WEST PALM BEACH, FL 33401

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

ACORD 25 (2014/01)

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CERTIFICATE OF LIABILITY INSURANCE

SOUTHE3

OP ID: 2W

DATE (MM/DD/YYYY)

01/06/2016

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
Brown & Brown of Florida, Inc.
Daytona Beach Office
P.O. Box 2412
Daytona Beach, FL 32116-2412
Ann-Marie Zweifel

CONTACT NAME: AUDREY FREEBOROUGH

PHONE (A/C, No, Ext): 386-252-9601

FAX (A/C, No): 386-239-5729

E-MAIL ADDRESS: AFREEBOROUGH@BBDAYTONA.COM

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Alliance of Nonprofits for Ins

10023

INSURER B : Federal Insurance Company

20281

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED
SOUTHEAST FLORIDA BEHAVIORAL
HEALTH NETWORK INC.
140 INTRACOSTAL POINTE STE.211
JUPITER, FL 33447

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	ADOL 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		201531329	10/01/2015	10/01/2016	EACH OCCURRENCE \$ 1,000,000
A	<input checked="" type="checkbox"/> PROF LIABILITY		201531329	10/01/2015	10/01/2016	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 - COMP/OP AGG \$ 3,000,000
						Emp Ben. \$ INCLUDED
A	<input checked="" 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		201531329	10/01/2015	10/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
						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		201531329	10/01/2015	10/01/2016	EACH OCCURRENCE \$ 5,000,000
						AGGREGATE \$ 5,000,000
						\$
						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
B	<input checked="" type="checkbox"/> CYBER LIAB		8245-9535	10/01/2015	10/01/2016	10000 DED 1,000,000
A	<input checked="" type="checkbox"/> SEXUAL MISCONDUCT		201531329	10/01/2015	10/01/2016	\$3M AGGR 1,000,000

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

SEE ATTACHED

CERTIFICATE HOLDER

CANCELLATION

PBCBC02

PALM BEACH COUNTY BOARD OF
COUNTY COMMISSIONERS
C/O COMMUNITY SERVICES
810 DATURA ST.
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

NOTEPAD:

HOLDER CODE
INSURED'S NAME

PBCBC02
SOUTHEAST FLORIDA BEHAVIORA

SOUTHE3
OP ID: 2W

PAGE 2
Date 01/06/2016

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA, ITS OFFICERS, EMPLOYEES AND AGENTS ARE NAMED AS ADDITIONAL INSURED WITH REGARD TO GENERAL LIABILITY ON A PRIMARY AND NON CONTRIBUTORY BASIS PER FORM ANI-RRG-E61 (0213).
GENERAL LIABILITY PROVIDES A WAIVER OF SUBROGATION IN FAVOR OF PALM BEACH COUNTY PER FORM ANI-RRG-E26 (0514)
AUTO LIABILITY PROVIDES A WAIVER OF SUBROGATION IN IN FAVOR OF PALM BEACH COUNTY ANI-RRG-E55 (0112)