

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2016	2017	2018	2019	2020
Capital Expenditures					
Operating Costs	140,000				
External Revenue	(140,000)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0	0			

# ADDITIONAL FTE POSITIONS (Cumulative)					

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:

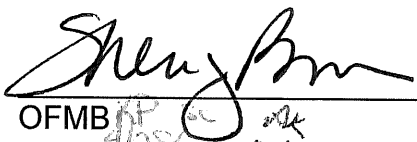
Funding source is the Department of Health and Human Services. No County funds are required

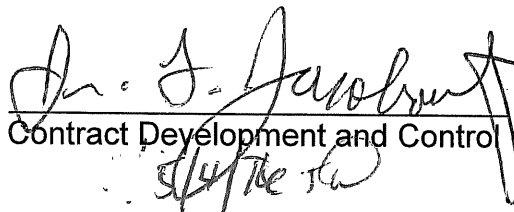
C. Departmental Fiscal Review:


 Taruna Malhotra, Assistant Department Director

III. REVIEW COMMENTS

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


 OFMB
 4/28
 5/2/16


 Contract Development and Control
 5/14/16

B. Legal Sufficiency:


 Assistant County Attorney

C. Other Department Review:

 Department Director

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



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**

Mary Lou Berger, Mayor

Hal R. Valeche, Vice-Mayor

Paulette Burdick

Shelley Vana

Steven L. Abrams

Melissa McKinlay

Priscilla A. Taylor

County Administrator


Verdenia C. Baker

"An Equal Opportunity
Affirmative Action Employer"

MEMORANDUM

TO: Verdenia C. Baker, County Administrator
Board of County Commissioners

THRU: Nancy Bolton, Assistant County Administrator
Board of County Commissioners

FROM: Channell Wilkins, Director 
Community Services Department

DATE: April 8, 2016

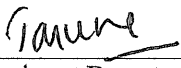
RE: Ryan White Amendment to Grant Year 15 Contract with
Health Care District of Palm Beach County

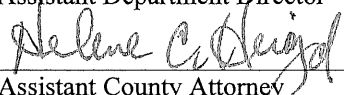
Pursuant to Resolution R-2013-0519, your signature is needed for the approval of Amendment No. 1 to the Emergency Contract for Provision of Ryan White Part A HIV Health Support Services with the Health Care District of Palm Beach County (R2015-0846). This resolution authorizes the County Administrator signatory authority on contract amendments related to the Ryan White Program Part A HIV Health Support Services for not more than ten percent (10%) of the contracted amount, or \$150,000, whichever is greater. The purpose of this amendment is to increase the GY15 contract amount by \$140,000 to provide funds for the bulk purchase of HIV medications for Ryan White clients, for a new final contract amount of \$259,031. This item is being presented as a walk-through in order to maximize expenditures of existing funds from GY15. The Department was unable to process as a contract amendment within the grant period due to a leadership change at the Health Care District, which delayed the process. These new funds will allow our system of care to provide additional HIV medications to Palm Beach County residents living with HIV/AIDS and meet shifting Ryan White service needs. No County funds are required.

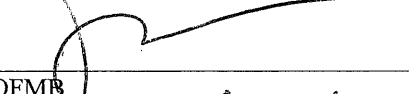
The original GY15 contract with the Health Care District of Palm Beach County (Health Care District) for ADAP/Local Supplemental Drug and Nutritional Supplements services was for an amount not to exceed \$434,031. The following sweeps below show the changes in funding through grant year 2015:

Health Care District Funding Approval		Balance
Original Amount	\$ 434,031.00	
Sweeps 9/30/15	\$ (250,000.00)	\$ 184,031.00
Sweeps 12/4/15	\$ (65,000.00)	\$ 119,031.00
Increase request (Walk-through)	\$ 140,000.00	\$ 259,031.00
Total	\$ 259,031.00	\$ 259,031.00

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 document in accordance with PPM CW-O-051. If additional information is needed, please contact Taruna Malhotra at 561-355-4716.


Assistant Department Director


Assistant County Attorney

OFMB

Assistant County Administrator

Attachments:

1. Resolution No. R-2013-0519
2. Amendment No. 1 with Health Care District of Palm Beach County

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.

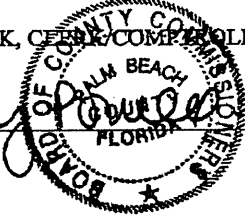
APPROVED AS TO FORM
LEGAL SUFFICIENCY

By: 
Chief Assistant County Attorney

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

SHARON R. BOCK, COUNTY CONTROLLER

By: 
Deputy Clerk



APPROVED AS TO TERMS
AND CONDITIONS

BY: 
DEPARTMENT HEAD

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

THIS AMENDMENT TO EMERGENCY CONTRACT FOR PROVISION OF RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES (R2015-0846) made and entered into at West Palm Beach Florida, on this *12th* day of *April*, 2016 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida, by and through its Board of County Commissioners, hereinafter referred to as the COUNTY and the **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 COUNTY previously reduced the funding for the Contract by \$315,000; and

WHEREAS, the need now exists to amend the Contract to increase funding for **ADAP/Local Supplemental Drug and Nutritional Supplements**.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on April 21, 2015 is hereby amended as follows:

- I. New Work Plan Exhibits "A1" attached hereto shall replace the Work Plan Exhibits "A" in its entirety.
- II. New Budget Exhibits "B1" attached hereto showing the new total budgets for funding shall replace the New Budget Exhibits "B" in its entirety.
- III. Increase funding for **ADAP/Local Supplemental Drug and Nutritional Supplements** as follows:
 - Increase **ADAP/Local Supplemental Drug and Nutritional Supplements** by \$140,000 not to exceed \$259,031.
- IV. Total contract not to exceed amount will be \$259,031.
- V. ARTICLE 7 – INDEMNIFICATION, is deleted and amended as follows:

Each party to this Contract shall be liable for its own actions and negligence and, to

the extent permitted by law, the DISTRICT shall indemnify, defend, and hold harmless the County against any actions, claims or damages arising out of the DISTRICT'S negligence in connection with this Contract. The foregoing indemnification shall not constitute a waiver of sovereign immunity beyond the limits set forth in Florida Statute, Section 768.28, nor shall the same be construed to constitute agreement by the DISTRICT to indemnify the County for the County's negligence, willful or intentional acts or omissions. The DISTRICT shall hold the County harmless and shall indemnify the County for funds which the County is obligated to refund the federal government arising out of the conduct of activities and administration of the DISTRICT in connection with this Contract. The DISTRICT also agrees that funds made available pursuant to this Contract shall not be used by the DISTRICT for the purpose of initiating or pursuing litigation against the County.

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

REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK
SIGNATURE PAGE FOLLOWS

IN WITNESS WHEREOF, the parties hereto have caused this 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: Verdenia C. Baker
Verdenia C. Baker,
County Administrator

4/12/16
Date

WITNESS:

[Signature]
Signature

Tetyana Montar
Witness Name

AGENCY:

Health Care District of Palm Beach County

By: Darcy Davis
Signature
Darcy Davis
Chief Executive Officer

March 18, 2016
Date

APPROVED AS TO LEGAL SUFFICIENCY:

[Signature]
Nicholas W. Romanello, Esq.
Chief Legal Officer

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

[Signature]
Assistant County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**

[Signature]
Channell Wilkins, Director
Palm Beach County
Department of Community Services

Work Plan
March 1, 2014 - February 28, 2015

Exhibit A1- Agency Work Plan

#	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.	400	11,200		(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. 11,200 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							
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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 B1
HEALTH CARE DISTRICT OF PALM BEACH COUNTY
ADAP/LOCAL SUPPLEMENTAL DRUG AND NUTRITIONAL SUPPLEMENTS

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	\$ 259,031
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		\$ 259,031

EXHIBIT B1		
HEALTH CARE DISTRICT OF PALM BEACH COUNTY		
ADAP/LOCAL SUPPLEMENTAL DRUG AND NUTRITIONAL SUPPLEMENTS		
CURRENT & PROPOSED OPERATING BUDGET		
FISCAL YEAR RW-GY15		
ADMIN EXPENSES		
800.1201	Salaries and Wages Regular Admin	
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)	\$ -
Grand Total		\$ 259,031
Total Admin %		
Total Program %		100%



Anna Balla
Grant Compliance Specialist I
Palm Beach County Community Services
810 Datura Street, Suite 200
West Palm Beach, FL 33401

Re: Health Care District of Palm Beach County

To Whom It May Concern:

Please accept this letter as notification by the Health Care District of Palm Beach County (District) regarding its status as a special taxing district entitled to sovereign immunity under Florida law. I am the Chief Legal Officer to the District and am authorized to send you this response on its behalf.

The District was created by special act as an independent special taxing district to provide comprehensive planning, funding and coordination of health care services for Palm Beach County residents. The District's enabling legislation may be found at Chapter 2003-326, Laws of Florida.

As a unit of local government as defined by Chapter 198, Florida Statutes (2014), the District enjoys sovereign immunity from tort liability. This immunity is, of course, subject to the limitations set forth in Section 768.28, Florida Statutes (2014) which generally limits recover to \$200,000 per claim / \$300,000 per occurrence. Therefore, the District retains the risk of loss for any and all claims made against the District.

Trusting that the forgoing adequately responds to your inquiry, I request that you not hesitate in contacting me should I be able to provide you with any additional information.

Very truly yours,

HEALTH CARE DISTRICT OF
PALM BEACH COUNTY


Nicholas W. Romanello
Chief Legal Officer

NWR/dl

cc: Hyta Fritsch, Director of Pharmacy Services



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
02/17/2016

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 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:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Health Care District of Palm Beach Cnty. 2601 10th Avenue North Suite 100 Palm Springs FL 33461-3133 USA	INSURER A:	Swiss Reinsurance America Corporation 25364
	INSURER B:	Zurich American Ins Co 16535
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570061206498 **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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	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 OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
B	AUTOMOBILE LIABILITY <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			BAP0182672-00	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	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION			WD1500329 XS GLPL Comb. Claims Made	06/01/2015	06/01/2016	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Self-insured retention for Professional Liability is \$500,000 each claim/\$500,000 aggregate and for General Liability is \$500,000 each and every claim. Palm Beach County Board of Commissioners is included as Additional Insured in accordance with the policy provisions of the Excess General Liability policy.

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 <i>Aon Risk Services Inc. of Florida</i>

Holder Identifier :

Certificate No : 570061206498





CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
02/17/2016

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.

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	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Health Care District of Palm Beach Cnty. 2601 10th Avenue North Suite 100 Palm Springs FL 33461-3133 USA		INSURER A: American Guarantee & Liability Ins Co	26247
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

Holder Identifier :

COVERAGES

CERTIFICATE NUMBER: 570061206521

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	ZMD011526100	05/01/2015	05/01/2016	<input checked="" type="checkbox"/> BUILDING	Included
	<input checked="" type="checkbox"/> CAUSES OF LOSS				<input checked="" type="checkbox"/> PERSONAL PROPERTY	Included
	<input type="checkbox"/> DEDUCTIBLES				<input checked="" type="checkbox"/> BUSINESS INCOME w/o Extra Expense	Included
	<input type="checkbox"/> BASIC BUILDING				<input checked="" type="checkbox"/> EXTRA EXPENSE	\$10,000,000
	<input type="checkbox"/> BROAD CONTENTS				<input type="checkbox"/> RENTAL VALUE	
	<input checked="" type="checkbox"/> SPECIAL				<input checked="" type="checkbox"/> BLANKET BUILDING	Included
	<input type="checkbox"/> EARTHQUAKE				<input checked="" type="checkbox"/> BLANKET PERS PROP	Included
	<input type="checkbox"/> WIND				<input checked="" type="checkbox"/> BLANKET BLDG & PP	Included
	<input checked="" type="checkbox"/> FLOOD				<input checked="" type="checkbox"/> Loss Limit	\$128,606,114
	<input type="checkbox"/> Blkt PP Ded				<input checked="" type="checkbox"/> Flood Limit	\$10,000,000
	INLAND MARINE	TYPE OF POLICY				
	CAUSES OF LOSS	POLICY NUMBER				
	NAMED PERILS					
	CRIME					
	TYPE OF POLICY					
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					

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 <i>Aon Risk Services Inc of Florida</i>

CERTIFICATE NUMBER: 570061206521





ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services, Inc of Florida		NAMED INSURED Health Care District of Palm Beach Cnty.	
POLICY NUMBER See Certificate Number: 570061206521		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570061206521	NAIC CODE		

ADDITIONAL REMARKS

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

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	PROPERTY	ZMD011526100	05/01/2015	05/01/2016	Named Storm Limit	\$10,000,000

CERTIFICATE OF COVERAGE

Certificate Holder

PALM BEACH COUNTY BOARD OF
 COUNTY COMMISSIONERS
 ATTN: RYAN WHITE PROGRAM MANAGER
 810 DATURA STREET
 WEST PALM BEACH, FL 33401

Administrator

Issue Date 3/24/16

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 10/1/15

COVERAGE PERIOD: TO 10/1/16 12:01 AM STANDARD TIME

TYPE OF COVERAGE - LIABILITY

General Liability

- Comprehensive General Liability, Bodily Injury, Property Damage, Personal Injury and Advertising Injury
- Errors and Omissions Liability
- Employment Practices Liability
- Employee Benefits Program Administration Liability
- Medical Attendants'/Medical Directors' Malpractice Liability
- Broad Form Property Damage
- Law Enforcement Liability
- Underground, Explosion & Collapse Hazard

Limits of Liability

Automobile Liability

- All owned Autos (Private Passenger)
- All owned Autos (Other than Private Passenger)
- Hired Autos
- Non-Owned Autos

Limits of Liability

TYPE OF COVERAGE - PROPERTY

- | | |
|---|---|
| <input type="checkbox"/> Buildings | <input type="checkbox"/> Miscellaneous |
| <input type="checkbox"/> Basic Form | <input type="checkbox"/> Inland Marine |
| <input type="checkbox"/> Special Form | <input type="checkbox"/> Electronic Data Processing |
| <input type="checkbox"/> Personal Property | <input type="checkbox"/> Bond |
| <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 | |

Limits of Liability on File with Administrator

TYPE OF COVERAGE - WORKERS' COMPENSATION

- Statutory Workers' Compensation
- Employers Liability
 - \$1,000,000 Each Accident
 - \$1,000,000 By Disease
 - \$1,000,000 Aggregate By Disease
- Deductible N/A
- SIR Deductible N/A

Automobile/Equipment - Deductible

- Physical Damage NA - Comprehensive - Auto NA - Collision - Auto NA - Miscellaneous Equipment

Other

Description of Operations/Locations/Vehicles/Special Items

RE: Evidence of Insurance for Ryan White Grant Program

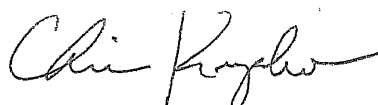
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE AGREEMENT ABOVE.

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.



AUTHORIZED REPRESENTATIVE

Michelle Jones T.

From: Scott Marting
Sent: Tuesday, April 26, 2016 10:29 AM
To: Michelle Jones T.
Cc: Amalia Hernandez
Subject: RE: Send data from MFP11599569 04/26/2016 09:04

It looks like they sent one COI for Workers Comp, a letter for General Liability/Professional Liability, a COI for Auto and Excess Liability that also better defines the self insured status of General and Professional Liability in the description section and lastly, a COI for property.

I think it would cover about anything.

Scott Marting, ARM, CSP
Insurance and Claims Manager
Property and Liability Division
Palm Beach County Risk Management
100 Australian Avenue, Suite 200
West Palm Beach, FL 33406
smarting@pbcgov.org
Office: 561-233-5432
Fax: 561-233-5420

This communication is part of the claims files maintained by the risk management program administered by Palm Beach County, a subdivision of the state, and is confidential and exempt from the provisions of section 119.07(1), F.S., and section 24(a), Art I of the Florida Constitution, as provided by section 768.28(16), F.S. This communication also may be attorney-client privileged or work-product privileged. It may reflect a mental impression, conclusion, litigation strategy, or legal theory of a public agency attorney or a public agency, that was prepared exclusively for civil litigation or in anticipation of imminent civil litigation by a public agency attorney and, thus, is exempt from production under the public records laws pursuant to Section 119.071(d)1, F.S. This may also be a communication sent in furtherance of settlement that is inadmissible in a court proceeding. PLEASE CONSULT THE SENDER BEFORE PRODUCING THIS COMMUNICATION PURSUANT TO A REQUEST FOR PRODUCTION OR A PUBLIC RECORDS REQUEST. Please advise the sender and delete this E-mail in the event that has been sent to you in error. Thank you.

-----Original Message-----

From: Michelle Jones T.
Sent: Tuesday, April 26, 2016 10:10 AM
To: Scott Marting
Cc: Amalia Hernandez
Subject: FW: Send data from MFP11599569 04/26/2016 09:04

Hi Scott,

Attached is the insurance information for the Health Care District. Please advise if okay as is.

Michelle T. Jones
Contract Management Specialist