

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2016	2017	2018	2019	2020
Capital Expenditures					
Operating Costs	11,000				
External Revenue					
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	11,000				

# ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget: Yes X No

Budget Account No.:

Fund 0001 Dept. 148 Unit 1310 Obj. 3401 Program Code HA30 Program Period FY16

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

Funding source is Palm Beach County

C. Departmental Fiscal Review: TM

Taruna Malhotra, Assistant Department Director

III. REVIEW COMMENTS

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

Sheng Pan
OFMB 4/28 JAK
 4/28

J. J. Jacobson 5/3/16
Contract Development and Control
 5/3/16

B. Legal Sufficiency:

Helene Costanzo
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 (R2016-0495) is made and entered into at West Palm Beach Florida on this ___ day of _____, 2016 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida, and through its Board of Commissioners, hereinafter referred to as "COUNTY", and Catholic Charities of the Diocese of Palm Beach, Inc., hereinafter referred to as the "AGENCY", a not-for-profit corporation, entitled to do business in the State of Florida, whose Federal I.D. is 59-2470479.

WITNESSETH:

WHEREAS, the parties entered into a contract on February 1, 2016, hereinafter "Original Contract", (R2016-0495), in which the AGENCY agreed to provide prevention services, for the period from February 1, 2016 through June 30, 2016; and

WHEREAS, the parties have agreed to amend the Original Contract one time to provide for increases in the contract amount; and

WHEREAS, the First Amendment to the Original Contract has an expiration date of June 30, 2016 (R2016-) and is funded in the amount of Thirty-Two Thousand Nine Hundred and Twenty Eight Dollars (\$32,928); and

WHEREAS, the parties have mutually agreed to increase the contract amount by Eleven Thousand Dollars (\$11,000) for a new total contract amount not to exceed Forty-three Thousand Nine Hundred and Twenty Eight Dollars (\$43,928).

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on February 1, 2016 is hereby amended as follows:

1. The first sentence of Article 3 is hereby amended to read: "The COUNTY shall pay to the AGENCY for services rendered under this contract in an amount not to exceed Forty-three Thousand Nine Hundred and Twenty Eight Dollars (\$43,928)."
2. Exhibit "C" is hereby replaced by Exhibit "C-1" attached hereto and made a part hereof.

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 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 ^{Amendment} ~~Contract~~ on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:

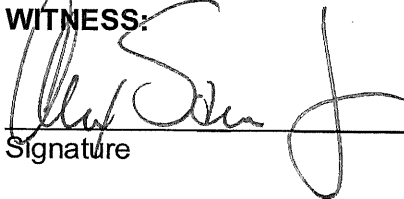
Sharon R. Bock, Clerk & Comptroller

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

BOARD OF COUNTY COMMISSIONERS

BY: _____
Clerk & Comptroller, Deputy Clerk

BY: _____
~~Mary Lou Berger, Mayor~~
Mary Lou Berger

WITNESS:


Signature

AGENCY:
Catholic Charities of
the Diocese of Palm Beach, Inc.

AGENCY's Name Typed

Alex STEWENS, JR.
Name Typed

BY: 

Signature

59-2470479
AGENCY's Federal ID Number

Lorraine Sabetella
AGENCY's Signatory Name Typed

Chancellor
AGENCY's Signatory Title Typed

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

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

By: 

Assistant County Attorney

By: 

Channell Wilkins, Director

SCHEDULE FOR PAYMENT

I. THE COUNTY AGREES TO:

A. Provide up to \$43,928 in funding for the following budget line items:

Budget Line Item Description	Amount
1. Rental or Mortgage Assistance	\$30,300
2. Rental or Mortgage Assistance - Ad Valorem non-matching	\$11,000
3. Administrative	\$2,628
TOTAL:	\$43,928

The following must be available during on-site program monitoring: back-up documentation to support all activities including copies of checks and invoices.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/4/2016

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 Arthur J. Gallagher Risk Management Services, Inc. 8333 N.W. 53rd Street Ste. 600 Miami FL 33166	CONTACT NAME: Religious Team PHONE (A/C, No, Ext): 1-800-488-3003 E-MAIL ADDRESS:	FAX (A/C, No): 305-716-3293
	INSURER(S) AFFORDING COVERAGE	
INSURED DIOCOFP-02 DIOCESE OF PALM BEACH/ CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC. 9995 N. MILITARY TRAIL PALM BEACH GARDEN FL 33410	INSURER A: Old Republic Union Insurance Compan	NAIC # 31143
	INSURER B: Liberty Mutual Insurance Company	NAIC # 23043
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 1814622463 **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 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 \$ \$
A	AUTOMOBILE LIABILITY <input checked="" 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			8216000751784	4/1/2016	4/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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	N/A	EW5651289881036	4/1/2016	4/1/2017	PER STATUTE OTH-ER 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)
Palm Beach County, Board of County Commissioners are included as Additional Insured on General Liability Policy as required by written contract.

CERTIFICATE HOLDER Palm Beach County Board of County Commissioners 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. AUTHORIZED REPRESENTATIVE
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Certificate of Coverage

Date: 4/26/2016

Certificate Holder The Roman Catholic Diocese of Palm Beach 9995 North Military Trail Palm Beach Gardens, FL 33410-9650	<p>This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.</p> <p>Company Affording Coverage THE CATHOLIC MUTUAL RELIEF SOCIETY OF AMERICA 10843 OLD MILL RD OMAHA, NE 68154</p>
Covered Location Diocese of Palm Beach/ Catholic Charities of the Diocese of Palm Beach, Inc. 9995 N. Military Trail Palm Beach Garden, FL 33410	

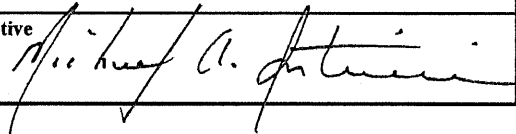
Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate 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 described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits	
Property				Real & Personal Property	
D. General Liability	9149	4/1/2016	4/1/2017	Each Occurrence	2,000,000
<input checked="" type="checkbox"/> Occurrence				General Aggregate	2,000,000
<input type="checkbox"/> Claims Made				Products-Comp/OP Agg	
				Personal & Adv Injury	
				Fire Damage (Any one fire)	
				Med Exp (Any one person)	
Excess Liability				Each Occurrence	
				Annual Aggregate	
Other	9149	4/1/2016	4/1/2017	Each Occurrence	1,000,000
Counseling Errors & Omissions				Claims Made	
				Annual Aggregate	
				Limit/Coverage	

Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)

Coverage only extends to 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, as required by written contract, for claims arising out of Catholic Charities of the Diocese of Palm Beach, for the term of the certificate.

Holder of Certificate Additional Protected Person(s) Palm Beach County c/o Community Services Department 810 Datura Street West Palm Beach, FL 33401	<p>Cancellation</p> <p>Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.</p> <p>Authorized Representative </p>
0833000047	

ENDORSEMENT

(TO BE ATTACHED TO CERTIFICATE)

Effective Date of Endorsement: 4/1/2016

Cancellation Date of Endorsement: 4/1/2017

Certificate Holder: The Roman Catholic Diocese of Palm Beach
9995 North Military Trail
Palm Beach Gardens, FL 33410-9650

Location: Diocese of Palm Beach/
Catholic Charities of the Diocese of Palm Beach, Inc.
9995 N. Military Trail
Palm Beach Garden, FL 33410

Certificate No. 9149 of The Catholic Mutual Relief Society of America is amended as follows:

SECTION II - ADDITIONAL PROTECTED PERSON(S)

It is understood and agreed that Section II - Liability (only with respect to Coverage D - General Liability), is amended to include as an Additional Protected Person(s) members of the organizations shown in the schedule, but only with respect to their liability for the **Protected Person(s)** activities or activities they perform on behalf of the **Protected Person(s)**.

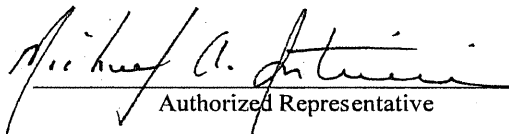
It is further understood and agreed that coverage extended under this endorsement is limited to and applies only with respect to liability assumed by contract or agreement; and this extension of coverage shall not enlarge the scope of coverage provided under this certificate or increase the limit of liability thereunder. Unless otherwise agreed by contract or agreement, coverage extended under this endorsement to the **Additional Protected Person(s)** will not precede the effective date of this certificate of coverage endorsement or extend beyond the cancellation date.

Schedule - ADDITIONAL PROTECTED PERSON(S)

Palm Beach County
c/o Community Services Department
810 Datura Street
West Palm Beach, FL 33401

Remarks (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language):

Coverage only extends to 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, as required by written contract, for claims arising out of Catholic Charities of the Diocese of Palm Beach, for the term of the certificate.


Authorized Representative