

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>37,500</u>	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>37,500</u>	_____	_____	_____	_____
No. ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget? Yes X No _____
 Budget Account No: Fund 4100 Department 120 Unit 1110 Object 3101
 Reporting Category _____

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

Approval of this item will result in expenses of up to \$45,000 (actual expenses may be less).
 Future contract years are optional and therefore not shown above.

C. Departmental Fiscal Review: *CM Sumner*

III. REVIEW COMMENTS

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

Jill M
 OFMB *2/28*

J. J. Jacobson *2/17/17*
 Contract Dev. and Control
2/17/17 (T)

B. Legal Sufficiency:

Anne Helgert *2-21-17*
 Assistant County Attorney

C. Other Department Review:

 Department Director

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 Taylor

Palm Beach

INTERNATIONAL AIRPORT



COUNTY ADMINISTRATOR
Verdenia C. Baker

DEPARTMENT OF AIRPORTS
Bldg. 846. PBIA

RECEIVED

OCT 21 PM 1:17

DATE: October 14, 2016
TO: Thanks Again, LLC
FROM: Bruce Pelly, Director
RE: Renewal of Rewards Program Administration Agreement

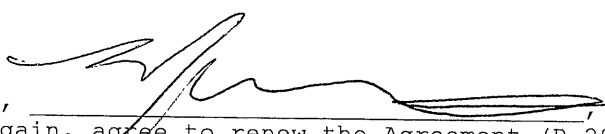
I am writing this letter to notify you that Palm Beach County Board of County Commissioners, under delegated authority to the Director of the Department of Airports, would like to renew the Rewards Program Administration Agreement, R-2013-0867 ("Agreement") for a period of one year beginning on August 1, 2016 until July 31, 2017.

Pursuant to Article VI, Term & Termination of the Agreement, "This Agreement shall be renewable for additional one year periods upon receipt by Thanks Again of written notice from the County ninety (90) days prior to the agreement's expiration date and upon Thanks Again's mutual consent in writing to the County to renew this Agreement." By agreeing to renew the Agreement, Thanks Again will waive the requirement for notification 90 days prior to the expiration of the Agreement for the purposes of this renewal only.

To acknowledge receipt and agree to renew the Agreement, please sign below and return this original letter to Lacy Larson at the address listed below.

Sincerely,

Bruce Pelly
Director, Department of Airports

I, , Marc Ellis, CEO, Thanks Again, agree to renew the Agreement (R-2013-0867), as written and originally agreed upon, effective August 1, 2016 until July 31, 2017.

846 PALM BEACH INTERNATIONAL AIRPORT
West Palm Beach, Florida 33406-1470
(561) 471-7400 FAX: (561) 471-7427 www.pbia.org

PALM BEACH COUNTY GLADES AIRPORT
Pahokee

PALM BEACH COUNTY PARK AIRPORT
Lantana

NORTH COUNTY GENERAL AVIATION AIRPORT
Palm Beach Gardens

"An Equal Opportunity-Affirmative Action Employer"



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/15/2017

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 USI Insurance Services Inc. / Johnson & Bryan 1575 Northside Drive Bldg 100 Ste 100 Atlanta GA 30318		CONTACT NAME: Aisha Beard PHONE (A/C, No, Ext): (404) 351-8434 E-MAIL ADDRESS: aisha@j-binc.com FAX (A/C, No): (404) 351-3923	
INSURED Thanks Again, LLC 100 Hartsfield Center Pkwy. Suite 100 Atlanta GA 30354		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Travelers Casualty Ins Co of Amer	NAIC # 19046
		INSURER B: Travelers Indemnity Company	NAIC # 25658
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 17/18 Liability 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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		680-4B182694-17-42	2/24/2017	2/24/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 Employee Benefits \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			680-4B182694-17-42	2/24/2017	2/24/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 5,000			CUP-4B192012-17-42	2/24/2017	2/24/2018	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER 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)
Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents c/o Palm Beach County Department of Airports are included as Additional Insured per the General Liability.

CERTIFICATE HOLDER Palm Beach County Board of Commissioners c/o Palm Beach County Department of Airports 846 Palm Beach International Airport West Palm Beach, FL 33406	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 M Bowdoin CL Only/BEA
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