

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date:	October 17, 2017	[×] []	Consent Ordinance	<u>ן</u>] Regular		
Department:				L] Public Hearing		
Submitted By:	Department of Airports						
Submitted For:	Department of Airports						

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to receive and file: Renewal Letter for Rewards Program Administration Agreement (Agreement) with Thanks Again, LLC for a period of one year beginning on August 1, 2017 and expiring July 31, 2018.

Summary: Delegation of authority for execution of the Agreement was approved by the Board pursuant to R-2013-0868. Thanks Again, LLC is a specialized loyalty program that operates in airports and allows customers to earn points on purchases. <u>Countywide</u> (AH)

Background and Justification: N/A

Attachments: Renewal Letter for Rewards Program Administration Agreement

Recommended By Department Director Date CP)

Approved By:

County Administrator

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 External Revenues	54,500				
Program Income (County) In-Kind Match (County) NET FISCAL IMPACT					
No. ADDITIONAL FTE POSITIONS (Cumulative)	54,500				
ls Item Included in Curren Budget Account No: Fu Reporting Category	-	Yes <u>X</u> Department	No _120	Obj	ject <u>3101</u>

B. Recommended Sources of Funds/Summary of Fiscal Impact: Approval of this item will result in expenses of up to \$54,500 (actual expenses may be less). Future contract years are optional and therefore not shown above.

Departmental Fiscal Review: C.

III. REVIEW COMMENTS

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

17 OFMB 9/22 NK 9/25

awka Çøntract Dev, and Control 10/3

B. Legal Sufficiency:

GH. anne. 6 10-3-17

Assistant County Attorney

C. Other Department Review:

Department Director

REVISED 9/03 ADM FORM 01 (THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.) PalmBeach

NTERNATIONAL AIRPORT



DATE: June 29, 2017 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, 2017 until July 31, 2018.

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,

PALM BEACH COUNTY

Melissa McKinlay, Vice Mayor

BOARD OF COUNTY

COMMISSIONERS Paulette Burdick, Mayor

Hal R. Valeche Dave Kerner Steven L. Abrams Mary Lou Berger Mack Bernard

Bruce Pelly Director, Department of Airports

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I, ______, Marc Ellis, CEO, Thanks Again, agree to renew the Agreement (R-2013-0867), as written and originally agreed upon, effective August 1, 2017 until July 31, 2018.

Approved	to as	to 1	Form	and	Legal	Sufficiency
anne	$\mathcal{O}_{\mathcal{O}}$	ly	ent			
County At	torney	, 0				

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 NORTH COUNTY GENERAL AVIATION AIRPORT Lantana Palm Beach Gardens

"An Equal Opportunity-Affirmative Action Employer"

ACORD	ERTI	FICATE OF LIA	BILI	TY INS	URANG	CE		(MM/DD/YYYY)	
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 holde the terms and conditions of the polic certificate holder in lieu of such endo	y, certain	polícies may require an e	e policy(i endorser	es) must b nent. A sta	e endorsed. tement on t	If SUBROGATION IS his certificate does no	WAIVED t confer), subject to rights to the	
PRODUCER	rsement(s).	CONTAC	^T Aisha I					
USI Insurance Services Inc.	PHONE	(404)	351-8434	FAX	. (404)3	51-3923			
1575 Northside Drive		-	PHONE (A/C, No, Ext): FAX (A/C, No): (404) 351-3923 E-MAIL ADDRESS: aisha@j-binc.com (404) 351-3923						
Bldg 100 Ste 100	INSURER(S) AFFORDING COVERAGE NAIC #								
Atlanta GA 30	INSURERA: Travelers Casualty Ins Co of Amer 19046								
Thanks Again, LLC					ers Inder	mnity Company		25658	
100 Hartsfield Center Pkwy.			INSURER		<u></u>				
Suite 100			INSURER						
Atlanta GA 30	354		INSURER	······					
COVERAGES CE	RTIFICAT	ENUMBER:17/18 Lia	bility	+		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 SUB	R			POLICY EXP (MM/DD/YYYY)		NTS		
X COMMERCIAL GENERAL LIABILITY A CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000	
	x	680-4B182694-17-42		2/24/2017	2/24/2018	MED EXP (Any one person)	\$	5,000	
						PERSONAL & ADV INJURY	\$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
OTHER:						PRODUCTS - COMP/OP AGO Employee Benefits		2,000,000	
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
						(Ea accident) BODILY INJURY (Per person)		1,000,000	
ALL OWNED SCHEDULED AUTOS AUTOS		680-4B182694-17-42	:]	2/24/2017	2/24/2018	BODILY INJURY (Per acciden	t) \$		
X HIRED AUTOS X AUTOS						PROPERTY DAMAGE (Per accident)	\$	·	
							\$		
X OMBRELLA LIAB X OCCUR B EXCESS LIAB CLAIMS-MADE	-					EACH OCCURRENCE	\$	10,000,000	
DED X RETENTION \$ 5,000		CUP-4B192012-17-42		2/24/2017	2/24/2018	AGGREGATE	\$	10,000,000	
WORKERS COMPENSATION				. ,	-,,1010	PER OTH- STATUTE ER	\$		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$		
(Mandatory in NH)	1					E.L. DISEASE - EA EMPLOYE	EE \$		
DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMI	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEH Palm Beach County Board of C	ounty (Commissioners, a Po	olitica	al Subdi	vision of	E the State of F	lorida	, its	
Officers, Employees and Agen	ts c/o	Palm Beach County	Depar	tment of	Airports	s are included a	s Addi	tional	
Insured per the General Liab	ility.								
CERTIFICATE HOLDER			CANCE						
				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					
Airport West Palm Beach, FL	M Bowdoin CL Only/BEA								
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