PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

| Meeting Date: June 5, 2018 | | [X] [] | Consent Ordinance | [[|]] | Regular Public Hearing |
|--|------------------------------------|--------------|----------------------|------------|--------|-------------------------------|
| Department Submitted By: Submitted For: | Community Servi Ryan White Prog | | | - | - | J |
| I. EXECUTIVE BRIEF | | | | | | |
| Motion and Title: Staff recommends motion to approve: | | | | | | |
| A) Amendment No. 1 to Contract for Provision of Financial Assistance with FoundCare, Inc., for the period January 1, 2018, through June 30, 2018, for the provision of providing health insurance premiums and cost sharing assistance services for the health and support of persons living with HIV Spectrum Disease; and | | | | | | |
| B) Amendment No. 1 to Contract for Provision of Financial Assistance with Compass, Inc., for the period January 1, 2018, through June 30, 2018, for the provision of providing health insurance premiums and cost sharing assistance services for the health and support of persons living with HIV Spectrum Disease; | | | | | | |
| Summary: The amendments with FoundCare, Inc. and Compass, Inc. are necessary to align the services with the State award period. Lilia Perez and Quinton Dames, employees of FoundCare, Inc., are members of the HIV CARE Council. Patricia Huntley, employee of Compass, Inc., is a member of the HIV CARE Council. This board provides no regulation, oversight, management, or policy setting recommendations regarding the agency contracts listed above. Disclosure of these contractual relationships at a duly noticed public meeting is being provided in accordance with the provisions of Section 2-443, of the Palm Beach County Code of Ethics. Funds are from the State of Florida, Department of Health. No County funds are required. (Ryan White Program) Countywide (HH) | | | | | | |
| Background and Justification: The Standard Contract with the State of Florida, Department of Health was approved on March 13, 2018 and these funds allow for the purchase of health insurance premiums and cost sharing assistance services for persons living with the HIV Spectrum Disease. The current contracts have an end date of March 31, 2018. These amendments will allow the end date through June 30, 2018 to allow the agencies to spend the funds within the State's contract period. | | | | | | |
| Attachments: 1. Amendment No. 1 to Contract for Provision of Financial Assistance with FoundCare, Inc. 2. Amendment No. 1 to Contract for Provision of Financial Assistance with Compass, Inc. =================================== | | | | | | |
| Recommended By: June 5/7/18 Department Director Date | | | | | | |
| Approved By: | Assistant/County | Bol Admin | istrator | | | 5/22/18 Date |

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

| Fis | cal Years | 2018 | 2019 | 2020 | 2021 | 2022 |
|---------|---|----------------------------|----------------------------------|------------------------------|--------------|----------------|
| Car | oital Expenditures | | | | | |
| Орє | erating Costs | 100,000 | | | | |
| Ext | ernal Revenue | (100,000) | | | | |
| ⊃ro | gram Income | | | | | |
| In-K | (ind Match (County) | | | | | |
| NE | T FISCAL IMPACT | -0- | -0- | | | |
| # PO | ADDITIONAL FTE SITIONS (Cumulative) | | | | | |
| lter | n Included in Current I | Budget? | | Yes X | No | |
| | this item include the u | • | funds? | Yes <u>X</u> Yes | No X | |
| | | | | · | | |
| _ | et Account No.: 1010 Dept <u>142</u> Unit <u>148</u> | <u>2</u> Object <u>VAR</u> | <u>.</u> Program (| Code <u>VAR.</u> I | Program Peri | od <u>GY17</u> |
| | Recommended Source | es of Funds/ | Summary | of Fiscal Im | pact: | |
| | Funding source is the | | | | | |
| | required. No additional | | | | | |
| | drant tunding awarded | by the State | of Florida | Department | of Health o | f which en |
| | grant funding awarded June 30, 2018. | by the State | of Florida, | Department | of Health, o | f which en |
| | June 30, 2018. | | of Florida, | Department | of Health, o | f which en |
| | June 30, 2018. Departmental Fiscal F | Review: |) · (| 2 | | |
| | June 30, 2018. | Review: |) · (| 2 | of Health, o | |
| • | June 30, 2018. | Review: |) · (| ctor, Financi | | |
| | June 30, 2018. | Review: | Dowe, Direct | ctor, Financi | al & Support | |
| | June 30, 2018. Departmental Fiscal F | Review: | Dowe, Directly COMME inistration | ctor, Financi NTS Comments | al & Support | Svcs |
| Ç | June 30, 2018. Departmental Fiscal F | Review: | Dowe, Directly COMME inistration | ctor, Financi NTS Comments | al & Support | Svcs |
| | Departmental Fiscal F OFMB Fiscal and/or C OFMB EN | Review: | Dowe, Directly COMME inistration | ctor, Financi NTS Comments | al & Support | Svcs |
| Ç | Departmental Fiscal F OFMB Fiscal and/or C OFMB EN | Review: | Dowe, Directly COMME inistration | ctor, Financi NTS Comments | al & Support | Svcs |

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

Department Director

Attachment 1

Amendment 1

AMENDMENT TO CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE

THIS AMENDMENT TO CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE (**R-2018-0228**) made and entered into at West Palm Beach Florida, on this _______ day of ______, 20___, 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 the COUNTY, and **FoundCare, Inc.**, hereinafter referred to as the AGENCY, a not-for-profit corporation authorized to do business in the State of Florida, whose Federal Tax I.D. is **54-2083746**.

In consideration of the mutual promises contained herein, the COUNTY and the Agency agree as follows:

WITNESSETH:

WHEREAS, the parties intended to enter into a contract that ended simultaneously with the end of the contract entered into by the County and the State of Florida, Department of Health for health insurance premiums and cost sharing assistance, (R-2018-0227), which ends on June 30, 2018.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on March 13, 2018, R2018-0228, is hereby amended as follows:

1. So much of <u>Article 2 - Schedule</u> that reads, March 31, 2018 shall be amended to read: "June 30, 2018."

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this 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 Board of County Commissioners of Palm Beach County, Florida has made and executed this 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 and Comptroller | PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS |
| BY Deputy Clerk | BY Melissa McKinlay, Mayor |
| | AGENCY: |
| | FoundCare, Inc. Agency's Name Typed |
| | Docusigned by: Yolette Bornet |
| | Authorized Signature Yolette Bonnet |
| | Signatory Title Typed |
| APPROVED AS TO FORM AND LEGAL SUFFICIENCY | APPROVED AS TO TERMS AND CONDITIONS Docusigned by: |
| | James Har BE34EE22BEDE492 |
| Assistant County Attorney | James Green, Director Department of Community Services |

Summary of Certificates

This report displays detailed Certificate of Insurance information for a selected Insured. Any items shown in red are deficient.

Tuesday, May 08, 2018

Simple View Certificate Images **Documents** Call Log

Insured:

Foundcare, Inc.

Insured ID: 023RW02FY16

Status:

Compliant

ITS Account Number:

PLC2028

Project(s):

Palm Beach County - Community Services

Insurance Policy Required Provided Override **General Liability** Expiration: 6/1/2018 \$500,000 \$3,000,000 General Aggregate: **Products - Completed Operations** \$0 \$0 Aggregate: Personal And Advertising Injury: \$0 \$0 **Each Occurrence:** \$500,000 \$1,000,000 Fire Damage: \$0 \$0 **Medical Expense:** \$0 \$0 **Automobile Liability** Any Auto **All Owned Autos** X Expiration: 6/1/2018 not provided **Hired Autos Hired Autos Non-Owned Autos Non-Owned Autos Combined Single Limit:** \$500,000 \$1,000,000 Workers Compensation/Employers WC Stat. Limits WC Stat. Limits

Liability

Expiration: 6/1/2018 Professional Liability

Expiration: 6/1/2018

Each Occurrence:

\$500,000

\$1,000,000

Aggregate Limit:

\$500,000

\$3,000,000

Notifications (Show All)

There were no deficiency letters issued.

Do you have an updated Certificate? Click the button below to submit a Certificate.

Certificate Submittal

https://its.insurancetrackingservices.com/clientreports/ProblemsSpecificRpt.asp?Vendor=14... 5/8/2018

Attachment 2

Amendment 1

AMENDMENT TO CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE

THIS AMENDMENT TO CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE (R2018-0229) made and entered into at West Palm Beach Florida, on this ______ day of ______, 20___, 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 the COUNTY, and COMPASS, Inc., hereinafter referred to as the AGENCY, a not-for-profit corporation authorized to do business in the State of Florida, whose Federal Tax I.D. is 65-0052657.

In consideration of the mutual promises contained herein, the COUNTY and the Agency agree as follows:

WITNESSETH:

WHEREAS, the parties intended to enter into a contract that ended simultaneously with the end of the contract entered into by the County and the State of Florida, Department of Health for health insurance premiums and cost sharing assistance, (R-2018-0227), which ends on June 30, 2018.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on March 13, 2018, R2018-0229, is hereby amended as follows:

1. So much of <u>Article 2 - Schedule</u> that reads, March 31, 2018 shall be amended to read: "June 30, 2018."

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this 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 Board of County Commissioners of Palm Beach County, Florida has made and executed this 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 and Comptroller | PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS |
| BY | BY Melissa McKinlay, Mayor |
| | AGENCY: |
| | COMPASS, Inc. Agency's Name Typed |
| | Julie Seaver |
| | Authorized Signature Executive Director |
| | Signatory Title Typed |
| APPROVED AS TO FORM AND LEGAL SUFFICIENCY | APPROVED AS TO TERMS AND CONDITIONS |
| | Docusigned by: James Hun BF34EF22BFDF492 |
| Assistant County Attorney | James Green, Director Department of Community Services |

Summary of Certificates

This report displays detailed Certificate of Insurance information for a selected Insured. Any items shown in red are deficient.

Tuesday, May 08, 2018

Simple View | Certificate Images | Documents

Insured: Comp

Compass, Inc.

Insured ID: 014RW02FY16

\$2,000,000

Status:

Compliant

ITS Account Number:

PLC2027

Project(s):

Palm Beach County - Community Services

Insurance Policy Required Provided Override **General Liability** Expiration: 7/1/2018 \$500,000 **General Aggregate:** \$2,000,000 **Products - Completed Operations** \$0 \$2,000,000 Aggregate: Personal And Advertising Injury: \$0 \$1,000,000 **Each Occurrence:** \$500,000 \$1,000,000 Fire Damage: \$0 \$0 **Medical Expense:** \$0 \$0 **Automobile Liability All Owned Autos** not provided Χ **Hired Autos Hired Autos** Expiration: 7/1/2018 **Non-Owned Autos Non-Owned Autos Combined Single Limit:** \$500,000 \$1,000,000 Workers Compensation/Employers WC Stat. Limits WC Stat. Limits Liability Expiration: 12/26/2018 **Each Accident:** \$0 \$100,000 **Disease - Policy Limit:** \$0 \$500,000 Disease - Each Employee: \$0 \$100,000 **Professional Liability** Expiration: 7/1/2018 \$500,000 \$1,000,000 **Each Occurrence:**

Notifications (Show All)

Aggregate Limit:

There were no deficiency letters issued.

Do you have an updated Certificate? Click the button below to submit a Certificate.

\$500,000

Certificate Submittal

https://its.insurancetrackingservices.com/clientreports/ProblemsSpecificRpt.asp?Vendor=14... 5/8/2018