

Date _____

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2018	2019	2020	2021	2022
Capital Expenditures					
Operating Costs	100,000				
External Revenue	(100,000)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	-0-	-0-			
# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included in Current Budget?

Yes X

No

Does this item include the use of federal funds?

Yes

No X_{---

Budget Account No.:

Fund 1010 Dept 142 Unit 1482 Object VAR. Program Code VAR. Program Period GY17

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

Funding source is the State of Florida, Department of Health. No County funds are required. No additional funding is required since this aligns the original contracts to the grant funding awarded by the State of Florida, Department of Health, of which ends June 30, 2018.

C. Departmental Fiscal Review:

Julie Dowe, Director, Financial & Support Svcs

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

Ralph Raux 5/18/18
OFMB ^{EAB} 5/18 76/18

5/1/18
5/5/18 Contract Development and Control 5/21/18
5/24/18

B. Legal Sufficiency:


Assistant County Attorney

C. Other Department Review:

Department Director

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

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 **Article 2 - Schedule** 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 Bonnet
709BCF3C9835407...
Authorized Signature
Yolette Bonnet
Signatory Title Typed

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

Assistant County Attorney

APPROVED AS TO TERMS
AND CONDITIONS
DocuSigned by:
James Green
BE34EE22BEDE482...
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
<u>General Liability</u>			
Expiration: 6/1/2018			
General Aggregate:	\$500,000	\$3,000,000	
Products - Completed Operations Aggregate:	\$0	\$0	
Personal And Advertising Injury:	\$0	\$0	
Each Occurrence:	\$500,000	\$1,000,000	
Fire Damage:	\$0	\$0	
Medical Expense:	\$0	\$0	
<u>Automobile Liability</u>			
Expiration: 6/1/2018			
	All Owned Autos	Any Auto not provided	X
	Hired Autos	Hired Autos	
	Non-Owned Autos	Non-Owned Autos	
Combined Single Limit:	\$500,000	\$1,000,000	
<u>Workers Compensation/Employers Liability</u>			
Expiration: 6/1/2018			
	WC Stat. Limits	WC Stat. Limits	
<u>Professional Liability</u>			
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

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 Article 2 - Schedule** 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:

COMPASS, Inc.
Agency's Name Typed

DocuSigned by:
Julie Seaver
4776D396BE3340E...
Authorized Signature
Executive Director

Signatory Title Typed

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

Assistant County Attorney

APPROVED AS TO TERMS
AND CONDITIONS

DocuSigned by:
James Green
BE34EE22BFDF492...
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: Compass, Inc.Insured ID: 014RW02FY16

Status: Compliant

ITS Account Number: PLC2027

Project(s): Palm Beach County - Community Services

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

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