

**Date**

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2019	2020	2020	2021	2022
Capital Expenditures	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
Operating Costs	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
External Revenues	<u>(12,420)</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
Program Income (County)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
In-Kind Match (County)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
NET FISCAL IMPACT	<u>(12,420)</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	<u>0</u>				

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 0001 Department 580 Unit 5111  
Revenue Source 4729 Program N/A

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

Parks & Recreation Other Fees 0001-580-5111-4729 (\$12,420)

C. Departmental Fiscal Review: Travis H. 9/4/18

III. REVIEW COMMENTS

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

Ralph Rawson 9/7/18  
OFMB 9/8/18 9/9/18

Dr. J. Lee 9/17/18  
Contract Development and Control 9/14/18

B. Legal Sufficiency:

Anne Delgant 9/18/18  
Assistant County Attorney

C. Other Department Review:

\_\_\_\_\_  
Department Director

REVISED 10/95  
ADM FORM 01

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



**CHET RALEY**

9075 Tresmore Ct  
Boynton Beach, Fl. 33472

561-509-8111

[www.pbtcenter.com](http://www.pbtcenter.com)

I would like to extend the contract for another year.

Thank you,

Chet Raley - President of Palm Beach Training Center

**FOURTH AMENDMENT  
TO CONTRACT FOR  
SKI SCHOOL CONCESSION AT SOUTH COUNTY REGIONAL PARK  
(CONTRACT No. 800014/LS)**

**THIS FOURTH AMENDMENT**, dated \_\_\_\_\_, 2018 to CONTRACT No. 800014/LS, dated September 30, 2014 by and between Palm Beach County, a political subdivision of the State of Florida, hereinafter referred to as the "COUNTY", and CHET'S INC., located at 9075 Tresmore Court, Boynton Beach, Florida, a corporation authorized to do business in the State of Florida, hereinafter referred to as the "CONTRACTOR", whose Federal I.D. number is 65-0681333.

**WITNESSETH:**

**WHEREAS**, the parties have entered into that certain CONTRACT dated September 30, 2014, as amended on December 15, 2015, October 18, 2016 and November 7, 2017 hereinafter referred to as the "CONTRACT", whereby the CONTRACTOR is to provide professional water ski instruction to all levels of people, and to provide all necessary equipment; and

**WHEREAS**, the parties amended the CONTRACT on December 15, 2015, exercising the first renewal option by extending the term of the CONTRACT to September 30, 2016 and updating contract requirements; and

**WHEREAS**, the parties amended the CONTRACT on October 18, 2016, exercising the second renewal option by extending the term of the Contract to September 30, 2017 and updating contract requirements; and

**WHEREAS**, the parties amended the CONTRACT on November 7, 2017, exercising the third renewal option by extending the term of the Contract to September 30, 2018 and updating contract requirements; and

**WHEREAS**, the parties desire to renew the CONTRACT for the final period October 1, 2018 through September 30, 2019 with no renewal options remaining; and

**WHEREAS**, entering into this amendment serves a public purpose.

**NOW THEREFORE**, in consideration of the mutual covenants and agreements expressed herein, the COUNTY and the CONTRACTOR agree as follows:

1. ARTICLE 2 – SCHEDULE is hereby amended as follows:  
The CONTRACTOR shall commence services on October 1, 2014, and complete all services by September 30, 2019, with no renewal options remaining.
2. Except as provided herein, each and every other term of the CONTRACT shall remain in full force and effect and the CONTRACT is reaffirmed as modified herein.

Remainder of page intentionally left blank.

**IN WITNESS WHEREOF**, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Fourth Amendment on behalf of the COUNTY and CONTRACTOR has hereunto set its hand the day and year above written.

PALM BEACH COUNTY, FLORIDA BY ITS  
BOARD OF COUNTY COMMISSIONERS

By: \_\_\_\_\_  
Melissa McKinlay, Mayor


WITNESSES:

CONTRACTOR

  
Signature

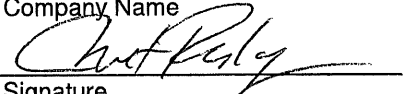
Laurie C. Schuchman  
Name (type or print)

WITNESSES:

  
Signature

James Davis  
Name (type or print)

Chet's Inc.  
Company Name

BY:   
Signature

Chet Raley  
Typed name

President  
Title

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

By: \_\_\_\_\_  
County Attorney

APPROVED AS TO TERMS AND  
CONDITIONS

By:   
Eric Call, Director  
Parks and Recreation Department



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/31/2018

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> Global Marine Insurance Agency 12935 S. West Bayshore Dr.  Traverse City MI 49684		<b>CONTACT NAME:</b> Amanda Pearson <b>PHONE (A/C, No, Ext):</b> (800) 748-0224 <b>FAX (A/C, No):</b> (231) 947-4407 <b>E-MAIL ADDRESS:</b> apearson@globalmarineinsurance.com	
<b>INSURED</b>  Chet's Inc, DBA: Palm Beach Training Center 9075 Tresmore Ct  Boynton Beach FL 33472		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A :</b> North American Specialty <b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	

COVERAGES CERTIFICATE NUMBER: CL1873102633 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	Y	Y	50M400152301	04/01/2018	04/01/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 1,000,000
	OTHER:						Protection & Indemnity \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N	N/A					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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, it's Officer's, Employees and Agents are included as additional insured with respect to the above captioned general liability per terms/conditions of actual policy & by written contract for Waterski/Wakeboard Instruction operation located at 11200 Park Access Rd, Boca Raton, FL 33498.

CERTIFICATE HOLDER

CANCELLATION

Palm Beach County,Board of County Commissioners a Political clo Parks and Rec Department 2700 Sixth Ave South Lake Worth FL 33461	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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