

Recommended By: James E. Green 3/1/19  
Department Director Date

Approved By: James E. Green 3/7/19  
Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2019	2020	2021	2022	2023
Capital Expenditures					
Operating Costs					
External Revenue					
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT					
No. 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

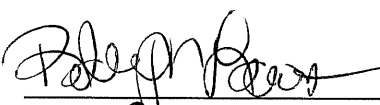
Budget Account No.:  
Fund 0001 Dept 140 Unit 7621 Object Var

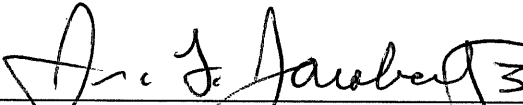
B. Recommended Sources of Funds/Summary of Fiscal Impact:  
Funding Source is Palm Beach County.

C. Departmental Fiscal Review: \_\_\_\_\_  
Julie Dowe, Director of Finance and Support Services

III. REVIEW COMMENTS

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

  
OFMB 3/5/19  
3/4

  
Contract Development and Control 3/17/19  
3/6/19 TW

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 TO CONTRACT FOR PROVISION  
FOR FINANCIAL ASSISTANCE**

**THIS AMENDMENT TO CONTRACT FOR PROVISION FOR FINANCIAL ASSISTANCE (R2018-1678)** 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 **Southeast Florida Behavioral Health Network, 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 #27-1871869

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

**W I T N E S S E T H:**

**WHEREAS**, the need exists to amend the contract to extend the current end date.

**NOW THEREFORE**, the above named parties hereby mutually agree that the Contract entered into on October 16, 2018 is hereby amended as follows:

- I. Extend the contract date from March 30, 2019 to May 31, 2019.
- II. Replace Article 21 – SUBCONTRACTING to read:  
The COUNTY does allow subcontracting by the AGENCY for services under this contract.

**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.

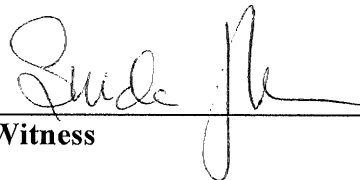
ATTEST:

Sharon R. Bock  
Clerk and Comptroller

PALM BEACH COUNTY BOARD OF  
COUNTY COMMISSIONERS

BY \_\_\_\_\_  
Deputy Clerk


BY \_\_\_\_\_  
Mack Bernard, Mayor

  
Witness

Linda J. Kane  
Printed Name

AGENCY:

Southeast Florida Behavioral Network, Inc.  
Agency's Name Typed

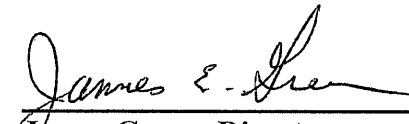
  
Agency's Signatory

Ann M. BERNER  
Agency's Signatory Typed

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

  
Assistant County Attorney

APPROVED AS TO TERMS  
AND CONDITIONS

  
James Green, Director  
Department of Community Services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/31/19

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> Aon Risk Services, Inc of Florida 1001 Brickell Bay Drive, Suite #1100 Miami, FL 33131-4937		<b>CONTACT NAME:</b> Aon Risk Services, Inc of Florida	
		<b>PHONE (A/C, No, Ext):</b> 800-743-8130	<b>FAX (A/C, No):</b> 800-522-7514
		<b>EMAIL ADDRESS:</b> ADP.COI.Center@Aon.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A :</b> Illinois National Insurance Co	
		<b>NAIC #</b> 23817	
<b>INSURED</b> ADP TotalSource CO XXI, Inc. 10200 Sunset Drive Miami, FL 33173 ALTERNATE EMPLOYER Southeast Florida Behavioral Health Network Inc 140 Intracoastal Pointe Dr, Suite 211 Jupiter, FL 33477		<b>INSURER B :</b>	
		<b>INSURER C :</b>	
		<b>INSURER D :</b>	
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	

COVERAGES

CERTIFICATE NUMBER: 2240498

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. LIMITS SHOWN ARE AS REQUESTED.									
INSR LTR	TYPE OF INSURANCE		ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	\$
	<input type="checkbox"/> OTHER								\$
	<b>AUTOMOBILE LIABILITY</b>							COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY							BODILY INJURY (Per person)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY							BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS							PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY								\$
	<b>UMBRELLA LIAB</b>							EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR							AGGREGATE	\$
	<b>EXCESS LIAB</b>								
	<input type="checkbox"/> CLAIMS-MADE								
	<input type="checkbox"/> DEC <input type="checkbox"/> RETENTION \$								
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC 047014231 FL	07/01/18	07/01/19	X PER STATUTE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y / N					OTH-ER	
	If yes, describe under DESCRIPTION OF OPERATIONS below			N / A				E.L. EACH ACCIDENT	\$ 2,000,000
								E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
All worksite employees working for SOUTHEAST FLORIDA BEHAVIORAL HEALTH NETWORK INC, paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. SOUTHEAST FLORIDA BEHAVIORAL HEALTH NETWORK INC is an alternate employer under this policy.

CERTIFICATE HOLDER

CANCELLATION

Palm Beach County Board of County Commissioners 301 N. Olive Ave. West Palm Beach, FL 33401	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  <i>Aon Risk Services, Inc of Florida</i>

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