

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: July 2, 2019

Consent     Regular  
 Ordinance     Public Hearing

Department: Parks and Recreation

Submitted By: Parks and Recreation Department

Submitted For: Parks and Recreation Department

I. EXECUTIVE BRIEF

**Motion and Title:** Staff recommends motion to receive and file: the following First Amendment to the Independent Contractor Agreement between Palm Beach County and Sally Welsh-Chapela, Water fitness classes, CMAA Therapeutic Recreation Complex, to include Sunday programming for the period April 1, 2019, through September 30, 2019.

**Summary:** This Independent Contractor Agreement has been fully executed on behalf of the Board of County Commissioners (Board) by the Director of the Parks and Recreation Department in accordance with Resolution 94-422, amended by Resolutions 2002-2103, 2007-0409, 2012-0168 and 2017-0822. The Department is now submitting this Agreement in accordance with County PPM CW-O-051, which requires all delegated agreements to be submitted by the initiating Department to the Board as a Receive and File agenda item. District 3 (AH)

**Background and Justification:** A resolution providing authority to execute Independent Contractor Agreements with recreation instructors and sports officials (Resolution 94-422, amended by Resolutions 2002-2103, 2007-0409, 2012-0168 and 2017-0822) was adopted by the Board to streamline the hiring process. The Board granted the Director of Parks and Recreation authority to execute Independent Contractor Agreements and Amendments with recreation instructors and sports officials up to \$10,000, with contracts of \$10,000 or more requiring the County Administrator's approval.

The Agreement attached has been executed on behalf of the Board by the Director of the Parks and Recreation Department in accordance with the authority delegated by the Board, and is now being submitted to the Board to receive and file.

**Attachment:** First Amendment to the Independent Contractor Agreement

Recommended by:   
Department Director

6/10/19  
Date

Approved by:   
Assistant County Administrator

6/19/19  
Date

**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2019	2020	2021	2022	2023
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>-0-</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**                      -0-                      -0-                      -0-                      -0-                      -0-

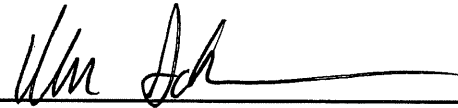
**# ADDITIONAL FTE POSITIONS (Cumulative)**      0                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

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 \_\_\_\_\_ Department \_\_\_\_\_ Unit \_\_\_\_\_  
    Object \_\_\_\_\_ Revenue Source \_\_\_\_\_ Program \_\_\_\_\_

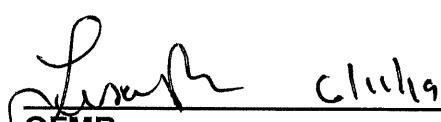
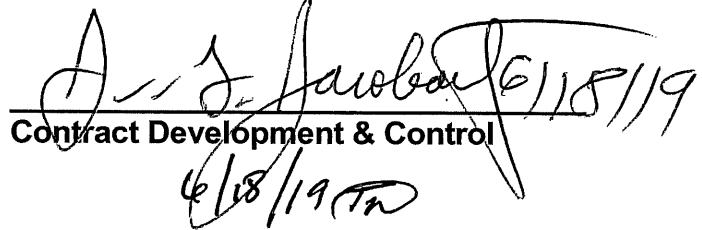
**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

\*The instructor is adding Sunday programming and there is no fiscal impact associated with this item as the total number of classes remain the same.

C. Departmental Fiscal Review: 

**III. REVIEW COMMENTS**

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

<p><u></u>                  OFMB ASD                  6/10</p>	<p><u></u>                  Contract Development &amp; Control                  6/18/19 (TR)</p>
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B. Legal Sufficiency:  
  
Anne Delgado 6-18-19  
 Assistant County Attorney

C. Other Departmental Review:  
  
 \_\_\_\_\_  
 Department Director

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

**FIRST AMENDMENT TO INDEPENDENT CONTRACTOR AGREEMENT BETWEEN PALM BEACH COUNTY AND SALLY WELSH-CHAPELA.**

**THIS FIRST AMENDMENT TO INDEPENDENT CONTRACTOR AGREEMENT,**” is made and entered into on May 16, 2019, by and between the Board of County Commissioners of Palm Beach County, Florida, hereinafter referred to as “COUNTY,” and Sally Welsh-Chapela, an Independent Contractor, hereinafter referred to as “CONTRACTOR”.

**WITNESSETH:**

**WHEREAS**, on March 5, 2019, COUNTY and CONTRACTOR entered into an Agreement (with Sally Welsh-Chapela) for the provision of providing Water Fitness Classes; hereinafter referred to as the “Agreement”; and

**WHEREAS**, the water fitness classes was scheduled to begin on April 1, 2019, and end on September 30, 2019, and

**WHEREAS**, the Agreement includes Monday, Wednesday, Friday and Saturday as program days.

**WHEREAS**, there is an increased demand for Sunday programming; and

**WHEREAS**, COUNTY and CONTRACTOR desire to amend this Agreement.

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

1. Exhibit “B” of the Agreement is hereby deleted in its entirety and replaced with Exhibit “BB”.
2. Except as provided herein, each and every other term of the Agreement shall remain in full force and effect and the Agreement is reaffirmed as modified herein.

**REMAINDER OF PAGE LEFT INTENTIONALLY BLANK**

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date first written above.

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS:**

By: Erica Cole 5/16/19  
Signature Date  
Director / Assistant Director  
Palm Beach County Parks and Recreation Department

**If Agreement Value Exceeds \$10,000.00:**

**County Administrator**

\_\_\_\_\_  
Signature Date

**WITNESS**

**CONTRACTOR - Sally Welsh-Chapela**

Jessie P 5/8/19  
Signature Date  
Jessica Payano  
Print

By: Sally S. Welsh-Chapela  
Signature Date  
Sally S. Welsh-Chapela  
Print  
Instructor  
Title

**APPROVED AS TO  
FORM AND LEGAL SUFFICIENCY:**

**County Attorney**

Anne Delgado 4-14-19  
Signature Date

**APPROVED AS TO  
TERMS & CONDITIONS:**

**Division Director**

Kathy Bolander 5.15.19  
Signature Date

## EXHIBIT "BB" SCOPE OF SERVICE

Contractor Name: Sally Welsh-Chapela

Location: The Gleneagles Country Club Aquatic Center / CMAA Therapeutic Recreation Complex

Program Title: Aqua Motion

Program Description: A low impact class, which includes a variety of water exercises, a light cardio workout, and stretching. Aqua Motion will provide deconditioned adults and seniors an opportunity to participate in safe exercises in the water.

Program Objectives: 1. Increase pass membership by 10%. 2. Conduct initial participant assessment upon registration for participant baseline. 3. Conduct independent contractor instructor evaluation and have a 80% participant satisfaction rate.

Learning Outcomes: Specific water exercise will assist in improving strength, flexibility, balance, breathing, circulation and better quality of life

Participant Ages: Adults/Seniors (18 +)

Program Length: 55 Minutes / Class

Dates for Program:

Dates: April 1 – September 30, 2019

Days: Monday / Wednesday / Friday / Saturday / Sunday

Start/End Time: 9:00 A.M. – 9:55 P.M.

Total number of session/class/activity/game (circle one): 86 classes

Minimum number of participants: 1

Maximum number of participants: 30

**Lab Fee or Supplies Fee:** N/A

**Supplies:** Contractor provides necessary supplies

Are participants being transported as part of the Scope of Service?  Yes  No

According to Florida Statute Chapter 440, are you required to maintain Workers' Compensation and Employer Liability coverage?  Yes  No



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/13/2019

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).

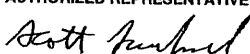
<b>PRODUCER</b> K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804		<b>CONTACT NAME:</b> Mass Merchandising <b>PHONE (A/C, No, Ext):</b> 1-800-506-4856 <b>FAX (A/C, No):</b> 1-260-459-5590 <b>E-MAIL ADDRESS:</b> info@fitnessinsurance-kk.com <b>PRODUCER CUSTOMER ID:</b>	
<b>INSURED</b> 2000975503    CP# 2519 Sally S. Welsh-Chapela 4096 Ruth Road Lake Worth, FL 33461 A Member of the Sports, Leisure & Entertainment RPG		<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> INSURER A: Nationwide Mutual Insurance Company      23787 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**      **CERTIFICATE NUMBER:** 2000405152      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		6BRPG0000006940500	02/21/19 12:01 AM	02/21/21 12:01 AM	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$1,000,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	per year \$5,000,000
							PRODUCTS - COMP/OP AGG	per year \$1,000,000
							PROFESSIONAL LIABILITY	\$1,000,000
							LEGAL LIAB TO PARTICIPANTS	\$1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Not provided while in Hawaii						COMBINED SINGLE LIMIT (Ea accident)	
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE	
							AGGREGATE	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    Y / N <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
	<b>MEDICAL PAYMENTS FOR PARTICIPANTS</b>						PRIMARY MEDICAL	
							EXCESS MEDICAL	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certified Instructor of: Aerobics, Aquatic Exercise, Cardio Kickboxing, Children's Fitness Programs, Dance, Exercise, Personal Training, Pilates, Strength, Yoga  
The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

<b>CERTIFICATE HOLDER</b> Palm Beach County Board of County Commissioners 2700 6th Avenue South Lake Worth, FL 33461 Owner/Manager/Lessor of Premises	<b>CANCELLATION</b> 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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Coverage is only extended to U.S. events and activities.

\*\* NOTICE TO TEXAS INSURED: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas.

ACORD 25 (2016/03)

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**STATEMENT OF EXEMPTION FROM WORKER'S COMPENSATION REQUIREMENT**

TO: Palm Beach County Board of County Commissioners  
2700 Sixth Avenue South  
Lake Worth, FL 33461

Attention: Parks and Recreation Department

This will affirm that:

1. We are not engaged in the "construction industry" as defined in FL Chapter 440 and do not employ more than three persons (including Corporate Officers, if any).
2. We do not carry Florida Workers Compensation insurance.
3. Any persons that we may engage to work will have legal status as independent contractors, and not employees.
4. All such independent contractors have been advised that they are not covered for Workers Compensation insurance, and would be responsible for carrying their own such coverage if they desire.
5. If we should fall under Florida's requirement for carrying Workers Compensation insurance, we shall immediately obtain such coverage and provide evidence of it to you.

Accordingly, we hereby apply for exemption from Palm Beach County's requirement for carrying Workers Compensation insurance.

Sally S Welsh-Chapeta  
(Please Print Name)

Sally A Welsh Chapeta  
Signature/Title

2/21/19  
Date

\_\_\_\_\_  
Company Name

4096 Ruth Rd / Lake Worth / FL / 33461  
Company Street Address/City/State/Zip Code