

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2019	2020	2021	2021	2022
Capital Expenditures					
Operating Costs		71,200			
External Revenue					
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT		71,200			

# ADDITIONAL FTE POSITIONS (Cumulative)					
-----------------------------------------	--	--	--	--	--

Is Item Included In Proposed Budget: Yes X No
 Does this item include the use of federal funds: Yes No X

Budget Account No.:
 Fund 0001 Dept. 148 Unit 1331 Obj. 3401 Program Code HS11 Program Period FY20

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

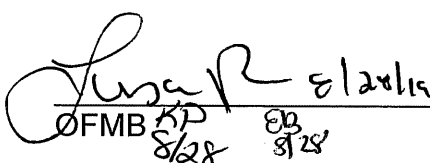
Source of funding is Palm Beach County

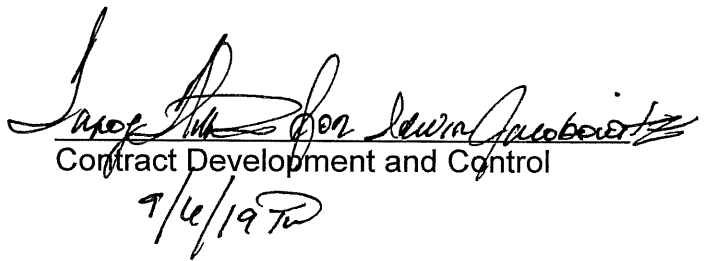
C. Departmental Fiscal Review:


 Julie Dowe, Director of Financial and Support Services

III. REVIEW COMMENTS

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


 OFMB ^{EP} 8/28 ^{EB} 9/28


 Contract Development and Control
 9/6/19 TW

B. Legal Sufficiency:


 Assistant County Attorney 9-9-19

C. Other Department Review:

 Department Director

**AMENDMENT TO CONTRACT FOR PROVISION
FOR FINANCIAL ASSISTANCE**

THIS AMENDMENT TO CONTRACT FOR PROVISION FOR FINANCIAL ASSISTANCE (R2019-0939) 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 **The Homeless Coalition of Palm Beach County, 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:

WITNESSETH:

WHEREAS, the need exists to amend the contract to increase funds for increase in clients and term of contract.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on July 2, 2019 is hereby amended as follows:

- I. Extend the contract date from September 30, 2019 to March 31, 2020.
- II. New Scope of Work Exhibit "A1" attached hereto shall replace the Work Plan Exhibit "A" in its entirety which decreases the number of clients.
- III. New Exhibit "B1" attached hereto.
- IV. Increase the contract amount by **SEVENTY ONE THOUSAND AND TWO HUNDRED DOLLARS (\$71,200).**
- V. Total amended contract not to exceed amount will be **ONE HUNDRED THIRTY ONE THOUSAND AND SIX HUNDRED DOLLARS (\$131,600).**

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

AGENCY:

The Homeless Coalition of Palm Beach
County, Inc.

Agency's Name Typed

DocuSigned by:
Sophia Eccleston

Agency's Signatory

Sophia Eccleston

Agency's Signatory Typed

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

Assistant County Attorney

APPROVED AS TO TERMS
AND CONDITIONS

DocuSigned by:
James Green

James Green, Director
Department of Community Services

SCOPE OF WORK

DESCRIPTION OF SERVICES FOR The Homeless Coalition of Palm Beach County, Inc.:

The Agency shall provide Stipends for approximately nine (nine) Parks to Work program participants. Each participant will receive \$10 per hour, for six (6) hours per day, five (5) days a week. Participants will receive pay for the hours worked per week, for a total of 22 weeks per participant. The Agency will purchase equipment and program supplies for each program participant (E.g. boots, gloves, protective clothing, etc.).

MONITORING/REPORTING:

Desk audits will be conducted monthly by the County to determine programmatic and fiscal compliance.

BILLING/PAYMENTS:

Monthly, Exhibits B and C must be submitted by the tenth of each month for reimbursement.

All invoice billings for services relative to this contract must be submitted to Human Services by March 31, 2020.

EXHIBIT B|

**Monthly Allocation
Palm Beach County Division of Human and Veteran Services**

Agency: The Homeless Coalition of Palm Beach County, Inc.

Contract Number: _____

Service Date (s): _____

Contract Number: _____

Description	FY20 Contract Amount	Request for Reimbursement	Final Total FY20 Contract
Payment to The Homeless Coalition of Palm Beach County, Inc.: Provide Stipend for approximately nine (nine) Parks to Work program participants. Participants will receive payment for hours worked. Each participant will earn \$10 an hour, for six (6) hours per day, five (5) days per week	\$70,200		\$70,200
Payment to Homeless Coalition of Palm Beach County, Inc.: Purchase equipment and supplies for program participants	\$1000		\$1000
Total Contract	\$71,200		\$71,200

Maximum Amount Authorized October 1st thru March 31st
\$71,200

All expenditures and activities must be in compliance with the Scope of Work.

EXHIBIT C

LETTERHEAD STATIONERY

DATE: _____

AMOUNT OF REIMBURSEMENT REQUEST: \$ _____

FOR MONTH OF: _____

I hereby certify that by personal examination of the records of this Agency that these expenses, as supported by the attached statements, were made on behalf of this agency for the purposes specified in its approved request for funding. Refer to Palm Beach County Board of County Commissioners Contract # _____

Authorized Agency Representative

Date

Client#: 152387

HOMECOA

ACORDTM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/17/2019

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CBIZ Weekes & Callaway 3045 W. Atlantic Avenue Delray Beach, FL 33445 561 278-0448	CONTACT NAME: Regina Walker
	PHONE (A/C, No, Ext): 561-257-3711 FAX (A/C, No): 561-900-1944 E-MAIL ADDRESS: Regina.Walker@CBIZ.com
INSURED The Homeless Coalition of Palm Beach County, Inc. 810 Datura Street West Palm Beach, FL 33401	INSURER(S) AFFORDING COVERAGE: Alliance of Nonprofits for insurance Ri NAIC #
	INSURER A :
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :

COVERAGES CERTIFICATE NUMBER: 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	201940046	05/12/2019	05/12/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			201940046	05/12/2019	05/12/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			201940046	05/12/2019	05/12/2020	Aggregate \$1,000,000 Each Occ \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Palm Beach County Community Services, Palm Beach County Board of county commissioners, a Political Subdivision of the State of Florida its Officers, Employees and Agents are included as additional insured on General Liability policy per the attached endorsement. Waiver of Subrogation applies to General Liability policy per the attached endorsement.

CERTIFICATE HOLDER Palm Beach County Community Services 810 Datura Street West Palm Beach, FL 33401	CANCELLATION 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 CBIZ Insurance Services, Inc.

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Community Services Department

810 Datura Street
West Palm Beach, FL 33401
(561) 355-4700
Fax: (561) 242-7336
www.pbcgov.com/communityservices



**Palm Beach County
Board of County
Commissioners**

- Mack Bernard, Mayor
- Dave Kerner, Vice Mayor
- Hal R. Valeche
- Gregg K. Weiss
- Robert S. Weinroth
- Mary Lou Berger
- Melissa McKinlay

County Administrator

Verdenia C. Baker

*"An Equal Opportunity
Affirmative Action Employer"*

Official Electronic Letterhead

MEMORANDUM

TO: Whom It May Concern

FROM:

DATE: March 28, 2019

RE: Non-Owned Auto Insurance Coverage

Please be advised that Homeless Coalition PC does not own any corporate automobiles and therefore maintains liability insurance coverage for hired autos and non-owned autos only. Our certificate of insurance indicates policy information reflecting the same.

Michelle Howell-Phillips 5/22/19
 (Name of Person Signing) Date



**MARKEL INSURANCE COMPANY
WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
INFORMATION PAGE**

Issued June 11, 2019

Standard

1. The Insured's Name and Mailing Address:
Homeless Coalition of Palm Beach County, Inc
810 Datura St
West Palm Bch , FL 33401-5204

NCCI Carrier Code: 22616
Policy Number: MWC0150464-01
Renewal of Policy:

Fein # / Risk ID # 650125852

For complete named insured: See Attached Named Insured Schedule
Other work place not shown above: See Attached Location Schedule

SIC CODE: 8322
Type of entity: Nonprofit

2. The policy period is from 06/05/2019 to 06/05/2020 [12:01 AM Standard Time] at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of this policy applies to the Workers Compensation Law of the states listed here: FLORIDA
B. Employers Liability Insurance: Part Two of this policy applies to work in each state listed in Item 3A. The limits of our liability under Part Two are:

Bodily Injury by accident:	\$ 1,000,000	each accident
Bodily Injury by disease:	\$ 1,000,000	policy limit
Bodily Injury by disease:	\$ 1,000,000	each employee

C. Other States Insurance: Part Three of this policy applies to the states, if any, listed here:

All states except those listed in Item 3A of the Information Page and the following states or territories: District of Columbia, ID, MT, NY, ND, OH, OR, WA, WY, Puerto Rico and US Virgin Islands.

D. This policy includes these endorsements and schedules: See Attached Schedule of Schedules and Endorsements

4. The premium for this policy will be determined by our Manual of Rules, Classifications, Rates and Rating Plans. All information required is subject to verification and change by audit.

Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
See Attached Schedule of Classification and Premium Detail				
		Premium for Increased Limits Part Two		\$120.00
		Total Premium Subject to Experience Modification		\$4,403.00
		Total Estimated Standard Premium		\$4,403.00
		Premium Discount, if applicable		\$0.00
		Expense Constant Charge		\$160.00
		Terrorism Insurance		\$27.00
		Total Estimated Annual Premium		\$4,590.00
		Audit Noncompliance Charge		\$0.00
		Florida FWCIGA Assessment		\$0.00
		Total Amount		\$4,590.00

Minimum Premium: \$ 441.00

Deposit Premium: \$684.00

Producer: Wallace Welch & Willingham Inc.
Servicing Office:

Countersigned By:
Date: 06/11/2019

THIS INFORMATION PAGE WITH THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY AND ENDORSEMENTS, IF ANY ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED POLICY

WC 00 00 01A



004617-013445-45277359-06112019



MWC0150464-01

Client#: 152387

HOME COA

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/17/2019

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	INSURER B :
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A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>			201940046	05/12/2019	05/12/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
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