

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2020	2021	2022	2023	2024
Capital Expenditures					
Operating Costs	230,284				
External Revenue	(230,284)				
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	0	0	0		

No. ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget? Yes X No
 Does this item include the use of federal funds? Yes X No

Budget Account No.:
 Fund 1010 Dept 142 Unit VAR Object VAR Program Code VAR Program Period VAR

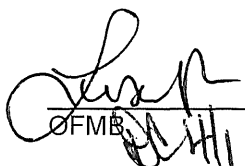
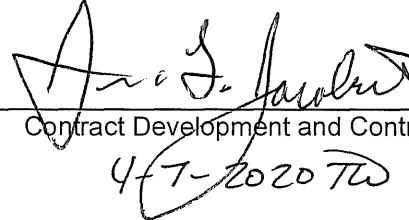
B. Recommended Sources of Funds/Summary of Fiscal Impact:

Funding source is the U.S. Department of Health and Human Services. No County funding is required.

C. Departmental Fiscal Review: DocuSigned by:
Julie Dowe
03AC9C7CC28C4A4...
 Julie Dowe, Director of Finance and Support Services

III. REVIEW COMMENTS

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

 OFMB BR 412 4/16/2020	 Contract Development and Control 4-7-2020 TW 4/17/2020
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B. Legal Sufficiency:

DocuSigned by:
Helene C. Hvizd
BF3DF20B2223413...
 Assistant County Attorney

C. Other Department Review:

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

Amendment 3

**AMENDMENT TO CONTRACT FOR PROVISION
OF RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES**

THIS AMENDMENT TO CONTRACT FOR PROVISION OF RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES (**R2018-0223**) 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 need exists to amend the contract to change funding.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on March 13, 2018 is hereby amended as follows:

- I. Exhibit "A3" attached hereto shall replace Exhibit "A2" to the Contract in its entirety
- II. Exhibit "B3" attached hereto shall replace Exhibit "B2" to the Contract in its entirety.
- III. Exhibit "F2" - Subaward Data attached hereto shall replace Exhibit "F1" to the Contract in its entirety.
- IV. **ARTICLE 3 - PAYMENTS TO AGENCY/REIMBURSABLE of the Contract shall be amended to state:**

The COUNTY shall pay to the AGENCY for services rendered under this Contract a not to exceed total amount of **TWO MILLION SEVEN HUNDRED FIFTY THREE THOUSAND, TWO HUNDRED AND SEVEN DOLLARS (\$2,753,207) OF WHICH ONE MILLION, TEN THOUSAND, EIGHT HUNDRED AND FIVE DOLLARS (\$1,010,805) IS BUDGETED IN GY 2019 AND NINE HUNDRED THIRTY EIGHT THOUSAND, EIGHT HUNDRED AND FIVE DOLLARS (\$938,805) IS BUDGETED IN GY20.**

The AGENCY will bill the COUNTY on a monthly basis, by the twentieth (20th) working day of each month, for services performed at actual cost of service. Failure to submit monthly Service Utilization Reimbursement Requests and required reports in a manner deemed correct and acceptable by the COUNTY, by the twentieth (20th) working day of each month following the month in which services were delivered shall deem the Service Provider(s) in non-compliance with this covenant and at the option of the COUNTY, the Service Provider will forfeit its claim to any reimbursement for that specific month's reimbursement request or the COUNTY may invoke the termination provision in this Contractual. Any travel authorized for reimbursement must meet the condition set forth in Section 112.061, Florida Statutes and Palm Beach County PPM #CW-F-009. All Requests for Payment under the terms of this Contract shall include documents

acceptable to the Community Services Department. The final invoice under this Contract must be labeled "Final Invoice" and must be received by the COUNTY not later than March 31 of each fiscal year that this contract is in effect. Invoices received from the AGENCY pursuant to this Contract will be reviewed for authenticity and accuracy and approved by the Community Services Department, to verify that services have been rendered in conformity with Contract and then will be sent to the Finance Department for payment. Funding changes between service categories within the designated Contract can be approved, in writing, by the Director or Assistant Director of the Community Services Department at their discretion for up to ten percent (10%) of the total Contract amount during the Contract period. Changes in excess of ten percent (10%) of the annual Contract amount during the Contract period must be approved by the Palm Beach County Board of County Commissioners.

Final Invoice: In order for both parties herein to close their books and records, the AGENCY will clearly state "final invoice" on the AGENCY'S final/last billing to the COUNTY. This shall constitute AGENCY'S certification that all services have been properly performed and all charges and costs have been invoiced to Palm Beach County. Any other charges not properly included on this final invoice are waived by the AGENCY.

In order to do business with Palm Beach County, AGENCYs are required to create a Vendor Registration Account OR activate an existing Vendor Registration Account through the Purchasing Department's Vendor Self Service (VSS) system, which can be accessed at <https://pbcvssp.co.palm-beach.fl.us/webapp/vssp/AltSelfService>. If AGENCY intends to use sub-AGENCYs, AGENCY must also ensure that all sub-AGENCYs are registered as AGENCYs in VSS. All subcontractor agreements must include a contractual provision requiring that the sub-AGENCY register in VSS. COUNTY will not finalize a contract award until the COUNTY has verified that the AGENCY and all of its sub-AGENCYs are registered in VSS.

V. **ARTICLE 4 – SCHEDULE of the Contract shall be amended to state:**

The term of this agreement shall start March 1, 2020 through February 28, 2021 unless either party notifies the other prior to the expiration of the initial term or any extended term of its intent not to renew in accordance with the time parameters stated herein.

The parties shall amend this Contract if there is a change to the scope of work, funding, and/or federal, state, and local laws or policies affecting this Contract.

VI. **ARTICLE 9 – NONDISCRIMINATION of the Contract shall be amended to state:**

The COUNTY is committed to assuring equal opportunity in the award of contracts and complies with all laws prohibiting discrimination. Pursuant to Palm Beach County Resolution R2017-1770, as may be amended, the AGENCY warrants and represents that throughout the term of the Contract, including any renewals thereof, if applicable, all of its employees are treated equally during employment without regard to race, color,

religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, gender identity or expression, or genetic information. Failure to meet this requirement shall be considered default of the Contract. As a condition of entering into this Contract, the AGENCY represents and warrants that it will comply with the COUNTY'S Commercial Nondiscrimination Policy as described in Resolution 2017-1770, as amended. As part of such compliance, the AGENCY shall not discriminate on the basis of race, color, national origin, religion, ancestry, sex, age, marital status, familial status, sexual orientation, gender identity or expression, disability, or genetic information in the solicitation, selection, hiring or commercial treatment of subcontractors, vendors, suppliers, or commercial customers, nor shall the AGENCY retaliate against any person for reporting instances of such discrimination. The AGENCY shall provide equal opportunity for subcontractors, vendors and suppliers to participate in all of its public sector and private sector subcontracting and supply opportunities, provided that nothing contained in this clause shall prohibit or limit otherwise lawful efforts to remedy the effects of marketplace discrimination that have occurred or are occurring in the County's relevant marketplace in Palm Beach County. The AGENCY understands and agrees that a material violation of this clause shall be considered a material breach of this Contract and may result in termination of this Contract, disqualification or debarment of the company from participating in County contracts, or other sanctions. This clause is not enforceable by or for the benefit of, and creates no obligation to, any third party. AGENCY shall include this language in its subcontracts.

VII. **ARTICLE 10 - AGENCY'S PROGRAMMATIC CONTRACTS in the Contract shall be amended to include:**

30. The Agency must comply with 2 C.F.R. 200.

VIII. **ARTICLE 23 - SCRUTINIZED COMPANIES of this Contract shall be amended to state:**

A. As provided in F.S. 287.135, by entering into this Contract or performing any work in furtherance hereof, the AGENCY certifies that it, its affiliates, suppliers, subcontractors and AGENCYs who will perform hereunder, have not been placed on the Scrutinized Companies that boycott Israel List, or is engaged in a boycott of Israel, pursuant to F.S. 215.4725. Pursuant to F.S. 287.135(3)(b), if AGENCY is found to have been placed on the Scrutinized Companies that Boycott Israel List or is engaged in a boycott of Israel, this Contract may be terminated at the option of the COUNTY.

B. **When contract value is greater than \$1 million:** As provided in F.S. 287.135, by entering into this Contract or performing any work in furtherance hereof, the AGENCY certifies that it, its affiliates, suppliers, subcontractors and AGENCYs who will perform hereunder, have not been placed on the Scrutinized Companies With Activities in Sudan List or Scrutinized Companies With Activities in The Iran Petroleum Energy Sector List created pursuant to F.S. 215.473 or is engaged in business operations in Cuba or Syria.

If the County determines, using credible information available to the public, that a false

certification has been submitted by AGENCY, this Contract may be terminated and a civil penalty equal to the greater of \$2 million or twice the amount of this Contract shall be imposed, pursuant to F.S. 287.135. Said certification must also be submitted at the time of Contract renewal, if applicable.

IX. **ARTICLE 31 - CRIMINAL HISTORY RECORDS CHECK to this Contract shall be amended to state:**

The AGENCY, AGENCY'S employees, subcontractors of AGENCY and employees of subcontractors shall comply with Palm Beach County Code, Section 2-371 - 2-377, the Palm Beach County Criminal History Records Check Ordinance ("Ordinance"), for unescorted access to critical facilities ("Critical Facilities") or criminal justice information facilities ("CJI Facilities") as identified in Resolutions R2013-1470 and R2015-0572, as amended. The AGENCY is solely responsible for the financial, schedule, and/or staffing implications of this Ordinance. Further, the AGENCY acknowledges that its Contract price includes any and all direct or indirect costs associated with compliance with this Ordinance, except for the applicable FDLE/FBI fees that shall be paid by the COUNTY.

This Contract may include sites and/or buildings which have been designated as either "critical facilities" or "criminal justice information facilities" pursuant to the Ordinance and above referenced Resolutions, as amended. COUNTY staff representing the COUNTY department will contact the AGENCY(S) and provide specific instructions for meeting the requirements of this Ordinance. Individuals passing the background check will be issued a badge. The AGENCY shall make every effort to collect the badges of its employees and its subcontractors' employees upon conclusion of the contract and return them to the COUNTY. If the AGENCY or its subcontractor(s) terminates an employee who has been issued a badge, the AGENCY must notify the COUNTY within two (2) hours. At the time of termination, the AGENCY shall retrieve the badge and shall return it to the COUNTY in a timely manner.

The COUNTY reserves the right to suspend the AGENCY if the AGENCY 1) does not comply with the requirements of County Code Section 2-371 - 2-377, as amended; 2) does not contact the COUNTY regarding a terminated AGENCY employee or subcontractor employee within the stated time; or 3) fails to make a good faith effort in attempting to comply with the badge retrieval policy.

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IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Amendment 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 _____
Dave Kerner, Mayor

AGENCY:

COMPASS, Inc.
Agency's Name Typed

DocuSigned by:
Julie Seaver
4776D396BE3346E

Agency's Signatory Name

Julie Seaver

Agency's Signatory Name Printed

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

APPROVED AS TO TERMS
AND CONDITIONS

DocuSigned by:
Helene C. Hvizd
BF3DF20B2220413...
Assistant County Attorney

DocuSigned by:
James Green
BF34EF22BFDF492...
James Green, Director
Department of Community Services

Compass Community Center - Exhibit A3

Service Proposals

Service Category-Specific Elements

a. A work plan for each requested service category

i) Early Intervention Services

Ryan White Part A Implementation Plan: Service Category Table									
Agency Name:		Compass							
Fiscal Year: 2019		Service Category:			Early Intervention Services				
		Total Request:***			\$100,000				
Service Category Goal: Decrease the transmission of HIV/AIDS and reduce HIV-related health disparities.									
Objective: List quantifiable time-limited objective related to the service listed above				Service Unit Definition		Number of Persons to be Served		Number of Units to be Provided	
Referral and linkage of newly diagnosed and re-engaged clients to medical care within 3 months.				1 unit = 15 minute EIS encounter		115		1500	
HAB/HHS Performance Measure:									
		HIV Viral Load Suppression							
		Baseline (%)			80				
		Target (%)			85				

***Total Requested Amount is subject to change every fiscal year depending on carry over, sweeps and amendments

Compass Community Center – Exhibit A3

ii) Eligibility Determination

Ryan White Part A Implementation Plan: Service Category Table									
Agency Name:		Compass							
Fiscal Year: 2019		Service Category:			Eligibility Determination				
		Total Request:***			\$35,000				
Service Category Goal: Increasing access to medical and supportive Ryan White Services.									
Objective: List quantifiable time-limited objective related to the service listed above				Service Unit Definition		Number of Persons to be Served		Number of Units to be Provided	
Provide initial eligibility screening and re-determination screening every six months.				1 unit = 15 minutes		315		2500	
HAB/HHS Performance Measure: Eligibility Recertification									
				Baseline (%)		93			
				Target (%)		95			

***Total Requested Amount is subject to change every fiscal year depending on carry over, sweeps and amendments

There is no HAB/HHS performance measure for eligibility recertification. This baseline was calculated with a numerator of completed eligibility assessment in GY18 and denominator of unduplicated clients served for GY18, multiplied by 2 assessments per client.

Compass Community Center – Exhibit A3

iii) Emergency Financial Assistance

Ryan White Part A Implementation Plan: Service Category Table									
Agency Name:		Compass							
Fiscal Year: 2019		Service Category:		Emergency Financial Assistance					
		Total Request:***		\$8,503					
Service Category Goal: Improve quality of life and reduce barriers to health care services for People Living with HIV/AIDS (PLWHA).									
Objective: List quantifiable time-limited objective related to the service listed above				Service Unit Definition		Number of Persons to be Served		Number of Units to be Provided	
Clients receiving assistance will have at least 1 medical appointment and 1 lab results within 12 months				1 unit = 1 emergency assistance		11		14	
HAB/HHS Performance Measure: Retention in HIV Medical Care									
				Baseline (%)		90			
				Target (%)		90			

***Total Requested Amount is subject to change every fiscal year depending on carry over, sweeps and amendments

Compass Community Center - Exhibit A3

iv) Food Bank

Ryan White Part A Implementation Plan: Service Category Table											
Agency Name:		Compass									
Fiscal Year: 2019		Service Category:		Food Bank							
		Total Request:***		\$34,975							
Service Category Goal: Improve quality of life and reduce HIV-related health disparities in People Living with HIV/AIDS (PLWHA).											
Objective: List quantifiable time-limited objective related to the service listed above						Service Unit Definition		Number of Persons to be Served		Number of Units to be Provided	
Clients have received a nutritional assessment within 12 months and retained in medical care.						1 unit = 1 vouchers		75		1225	
HAB/HHS Performance Measure: Retention in HIV Medical Care											
						Baseline (%)		76			
						Target (%)		80			

***Total Requested Amount is subject to change every fiscal year depending on carry over, sweeps and amendments

Compass Community Center – Exhibit A3

v) Health Insurance Continuation

Ryan White Part A Implementation Plan: Service Category Table										
Agency Name:		Compass								
Fiscal Year: 2019		Service Category:		Health Insurance Continuation						
		Total Request:***		\$194,720						
Service Category Goal: Eliminating barriers to health care access and maintain continuity of care for People Living with HIV/AIDS (PLWHA).										
<i>Objective: List quantifiable time-limited objective related to the service listed above</i>					<i>Service Unit Definition</i>		<i>Number of Persons to be Served</i>		<i>Number of Units to be Provided</i>	
Clients will attend at least two HIV medical care appointments and at least two CD4/Viral Load tests within 12 months.					1 unit = 1 month of assistance		75		315	
HAB/HHS Performance Measure: HIV Viral Load Suppression										
					Baseline (%)		91			
					Target (%)		95			

***Total Requested Amount is subject to change every fiscal year depending on carry over, sweeps and amendments

Compass Community Center - Exhibit A3

vi) Medical Case Management

Ryan White Part A Implementation Plan: Service Category Table										
Agency Name:		Compass								
Fiscal Year: 2019		Service Category:			Medical Case Management					
		Total Request:***			\$345,684					
Service Category Goal: Increase life expectancy of people living with HIV/AIDS (PLWHA) through maintained treatment adherence and viral suppression.										
Objective: List quantifiable time-limited objective related to the service listed above					Service Unit Definition		Number of Persons to be Served		Number of Units to be Provided	
Clients will have an initial comprehensive, individualized care plan that is updated every 6 months and will have at least two CD4/Viral Load tests completed within 12 months.					1 unit = 15 minute MCM session		300		20,000	
HAB/HHS Performance Measure:										
HIV Viral Load Suppression										
Baseline (%)					82					
Target (%)					87					

***Total Requested Amount is subject to change every fiscal year depending on carry over, sweeps and amendments

Compass Community Center - Exhibit A3

vii) Medical Transportation

Ryan White Part A Implementation Plan: Service Category Table									
Agency Name:		Compass							
Fiscal Year: 2018-2020		Service Category:		Medical Transportation					
		Total Request:***		\$11,065					
Service Category Goal: Provide transportation to People Living with HIV/AIDS (PLWHA) to increase access to health care services.									
Objective: List quantifiable time-limited objective related to the service listed above				Service Unit Definition		Number of Persons to be Served		Number of Units to be Provided	
Clients receiving medical transportation services will have 2 HIV Medical appointments within 12 months.				1 unit = 1 trip/voucher		40		200	
HAB/HHS Performance Measure:									
				Retention in HIV Medical Care					
				Baseline (%)		82			
				Target (%)		85			

***Total Requested Amount is subject to change every fiscal year depending on carry over, sweeps and amendments

Compass Community Center – Exhibit A3

viii) Mental Health Services

Ryan White Part A Implementation Plan: Service Category Table									
Agency Name:		Compass							
Fiscal Year: 2019		Service Category:		Mental Health					
		Total Request:***		\$174,744					
Service Category Goal: Increasing coping skills of people living with HIV/AIDS (PLWHA) to improve HIV-related outcomes.									
Objective: List quantifiable time-limited objective related to the service listed above				Service Unit Definition		Number of Persons to be Served		Number of Units to be Provided	
Client treatment plan will be completed within two weeks of first mental health visit.				1 unit = 1 hour		60		630	
HAB/HHS Performance Measure: Retention in HIV Medical Care									
				Baseline (%)		85			
				Target (%)		87			

***Total Requested Amount is subject to change every fiscal year depending on carry over, sweeps and amendments

Compass Community Center – Exhibit A3

ix) Non-Medical Case Management

Ryan White Part A Implementation Plan: Service Category Table									
Agency Name:		Compass							
Fiscal Year: 2019		Service Category:		Non-Medical Case Management					
		Total Request:***		\$34,114					
Service Category Goal: Promote and support independence/self-sufficiency of people living with HIV/AIDS (PLWHA).									
Objective: List quantifiable time-limited objective related to the service listed above				Service Unit Definition		Number of Persons to be Served		Number of Units to be Provided	
Clients will have at least two CD4/Viral Load tests completed within 12 months.				1 unit = 15 minute NMCM session		100		3500	
HAB/HHS Performance Measure:									
HIV Viral Load Suppression									
Baseline (%)				82					
Target (%)				87					

***Total Requested Amount is subject to change every fiscal year depending on carry over, sweeps and amendments

Exhibit B3

UNITS OF SERVICE RATE AND DEFINITION
2019/2020 RYAN WHITE PART A - CONTRACT

COMPASS, Inc.

Core Medical Services	GY18	GY19	GY20	Total
Early Intervention Services	49,815	92,000	100,000	241,815
Health Insurance Premium & Cost Sharing Assistance	128,092	274,720	194,720	597,532
Medical Case Management Services	346,931	345,684	345,684	1,038,299
Mental Health Services	119,431	174,744	174,744	468,919
Subtotal Core Medical Services	644,269	887,148	815,148	2,346,565
Support Services	GY18	GY19	GY20	Total
Case Management (Non-Medical) Supportive Case Management	43,443	34,114	34,114	111,671
Case Management (Non-Medical) Determining Eligibility*	65,859	35,000	35,000	135,859
Emergency Financial Assistance	8,503	8,503	8,503	25,509
Food Bank/Home Delivered Meals	34,036	34,975	34,975	103,986
Medical Transportation	7,487	11,065	11,065	29,617
Subtotal Support Services	159,328	123,657	123,657	406,642
Combined Core Medical and Support Services	GY18	GY19	GY20	Total Combined 3 year Amount
Total	803,597	1,010,805	938,805	2,753,207

**Sub-award Data¹
For Grant Year GY19**

(i)	Sub-recipient Name	Compass, Inc.
(ii)	Sub-recipient Unique Entity Identifier:	65-0052657
(iii)	Federal Award Identification Number (FAIN):	6-H89HA00034-26-02
(iv)	Federal Award Date of Award to the Recipient by the Federal Agency:	9/20/2019
(v)	Sub-award Period of Performance Start Date:	03/01/2019
	Sub-award Period of Performance End Date:	02/29/2020
(vi)	Amount of Federal Funds Obligated by this Action by the Pass-Through Entity to the Sub-recipient:	230,284
(vii)	Total Amount of Federal Funds Obligated to the Sub-recipient by the Pass-Through Entity Including the Current Obligation:	1,010,805
(viii)	Total Amount of the Federal Award Committed to the Sub-recipient by the Pass-Through Entity:	1,010,805
(ix)	Federal Award Project Description:	HIV Emergency Relief Project Grants
(x)	Name of Federal Awarding Agency:	US Department of Health & Human Services
	Name of Pass-Through Entity:	Palm Beach County Board of Commissioners
	Contact Information for Federal Awarding Official:	Lawrence Momodu lmomodu@hrsa.gov (301)443-0694
	Contact Information for Palm Beach County Authorizing Official:	Taruna Malhotra TMalhotr@pbcgov.org (561)355-4716
	Contact Information for Palm Beach County Project Director:	Taruna Malhotra
(xi)	CFDA Number and Name:	93.914 - HIV Emergency Relief Project Grants
(xii)	Identification of Whether Sub-award is R&D:	This award is not R&D
(xiii)	Indirect Cost Rate for [CAA] Federal Award:	0

****This sub-award notice applies to GY19 only and does not affect the total 3-year contract value. A new Sub-award notice is issued for each grant year.**

¹ This information is required by the Uniform Guidance, 2 C.F.R. § 200.331(a)(1). The Uniform Guidance also requires that if any of these data elements change, the pass-through entity must include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the federal prime award and subaward.



COMPA-2

OP ID: JM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/13/2020

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).

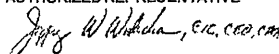
PRODUCER Fournier Group - New York 510 SW 5th Ave, #701 Portland, OR 97204 Dori Shields 518-378-8700	CONTACT NAME: Jeanne Pashuta PHONE (A/C, No, Ext): 518-378-8700 E-MAIL ADDRESS: Jeanne@fourniergroup.net FAX (A/C, No): 518-373-8799
INSURED Compass, Inc. 201 N Dixie Highway Lake Worth, FL 33460	INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Ins Companies INSURER B: Chubb Group of Insurance INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 18058

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 INSD	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	X	X	PHPK1982327	07/01/2019	07/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
B	<input checked="" type="checkbox"/> D&O / EPL			81668643	08/11/2019	08/11/2020	MED EXP (Any one person) \$ 5,000
A	<input checked="" type="checkbox"/> Prof Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PHPK1982327			PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1982327	07/01/2019	07/01/2020	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? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<input checked="" type="checkbox"/> Sexual Molestation			PHPK1982327	07/01/2019	07/01/2020	Each \$ 300,000 Aggregate \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Contract: 014RW02FY16
Palm Beach County Board of County Commissioners, a political subdivision of the State of Florida, its Officers, Employees & Agents are included as Additional Insureds on a Primary basis including a Waiver of Subrogation

CERTIFICATE HOLDER Palm Beach County Community Services Department 810 Datrua 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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/25/2020

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 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).

PRODUCER TAG CUSTOM BENEFITS 20815 N CAVE CREEK ROAD PHOENIX, AZ 85024	CONTACT NAME: MELISA KUHNS PHONE (A/C, No, Ext): (623) 580 4900 FAX (A/C, No): (623) 580 4902 E-MAIL ADDRESS: MELISA@TAGPAY.COM; WC@TAGPAY.COM INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: AMTRUST NORTH AMERICA, INC. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED COMPASS INC 201 N DIXIE HWY Lake Worth, FL 33460	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:				/ /	/ /	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$				/ /	/ /	EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	TWC3831538	12/26/2019	12/26/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
					/ /	/ /	
					/ /	/ /	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER () - () - BOARD OF COUNTY COMMISSIONERS COMMUNITY SERVICES DEPT 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
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