Agenda Item #: 3E-5

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

======================================	2020		consent Ordinance]]]]]]	
Department Submitted By: Submitted For:	Community Ryan White					
=======================================		<u>l.</u>	EXECUTI	VE	BRII	<u> </u>
Motion and Title: St	taff recomme	ends mo	tion to rec	eiv	e an	nd file:
AIDS Healthcare For 28, 2021, to adjust fu	undation, Inc. Inding in Grar category, for	(AHF) (nt Year (0 a total o	R2019-049 GY) 2019 a contract ar	91), ind (mou	for t GY 2 int n	ite Part A HIV Health Support Services with the period March 1, 2019 through February 2020 to \$13,790 in the AIDS Pharmaceutical not-to-exceed \$27,580, for the provision of
AHF (R2019-1615), the and GY 2020 to \$10 funding in GY 2019 at the for a total contract at	AMENDAMENTAL AND AMENDAMENT AND AMEN					
Summary: These amendments are necessary to reallocate funds that were swept from agencies that were unable to spend the funds in designated categories. AHF will provide Ryan White clients with U.S. Food and Drug Administration (FDA)-approved medications to low-income clients living with HIV who have no health care coverage or limited coverage, serving a total of 125 clients in the AIDS Pharmaceutical Assistance category in each year. AHF will also assist Ryan White clients with urgent needs for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another Ryan White-allowable cost needed to improve health outcomes, serving a total of 50 clients in the Emergency Assistance-Prior Authorization category. Further, AHF provides Ryan White clients with food and/or nutritional supplements per medical provider's recommendation, serving a minimum of 15 clients. Kristin Harrington, an employee of AHF, is a member of the Palm Beach County HIV CARE Council (HIV CARE Council). The HIV CARE Council provides no regulation, oversight, management, or policy-setting recommendations regarding the subject contract or transaction. Disclosure of this contractual relationship at a duly noticed public meeting is being provided in accordance with the provisions of Section. 2-443, of the Palm Beach County Code of Ethics. These items were executed by delegated authority. The Director of Purchasing, or designee, through Ord. No. 2015-004 § 3, 1-13-15; Ord. No 2018-022, § 2, 10-16-18 has delegated authority to execute these contracts. In accordance with County PPM CW-O-051, all delegated contracts, agreements, and grants must be submitted by the initiating Department as a receive and file agenda item. No County funds are required. (Ryan White Program) Countywide (HH).						
Background and Justification: (On page 3)						
Attachments: 1. Amendment No. 1 to Contract for Provision of Ryan White Part A HIV Health Support Services with AHF (R2019-0491) 2. Amendment No. 1 to Contract for Provision of Ryan White Part A HIV Health Support Services with AHF (R2019-1615)						
Recommended By:	Tai	cusigned by: Tuna Malli	otra			3/31/2020
	Department	Directo	r			Date

Assistant County Administrator

Approved By:

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

O:t-1	2019	2020	2021	2022	2023
Capital Expenditures					
Operating Costs	\$52,999	\$127,197	\$74,198		
External Revenue	(\$52,999)	(\$127,197)	(\$74,198)		
Program Income (County)				•	
In-Kind Match (County)					
NET FISCAL IMPACT	\$0	\$0	\$0		
No. ADDITIONAL FTE POSITIONS (Cumulative)					
s Item Included In Current	•			lo	
oes this item include the	use of federa	i iulius :	Yes X N	lo	
Budget Account No.:	\/AD Ob:+ \/	(AD D			:! \/AD
Fund <u>1010 Dept</u> <u>142 Unit</u>	VAIX Object v	AN_Plogram C	oue <u>van</u> Fi	ografii Fen	iou <u>var</u>
C. Departmental Fi		Juli Powe owe, Director of	Finance and S	Support Ser	vices
C. Departmental Fi	Julie D	Powe, Director of		Support Ser	vices
·	Julie D	REVIEW COMN	<u>MENTS</u>		vices
·	Julie D <u>III.</u> d/or Contract ພໄພ ໄລ໙ລ໑	REVIEW COMM	MENTS Ind Control Co	omments:	41718
·	Julie D <u>III.</u> d/or Contract	REVIEW COMM	MENTS Ind Control Con	omments:	41713
·	Julie D III. d/or Contract L/L/2020	REVIEW COMM	MENTS Ind Control Con	omments:	41713
A. OFMB Fiscal and OFMB FISCAL	Julie D III. d/or Contract L/L/20 BK 4/7 y: ed by:	REVIEW COMM	MENTS Ind Control Con	omments:	41713
A. OFMB Fiscal and OFMB FISCAL	Julie D III. d/or Contract L/L/20 BR 47 y:	REVIEW COMM	MENTS Ind Control Con	omments:	41713
A. OFMB Fiscal and OFMB FISCAL	Julie D III. d/or Contract L/L/20 B/L/4/7 y: d by: L/Hvizd 2223413	REVIEW COMM	MENTS Ind Control Con	omments:	41713
A. OFMB Fiscal and OFMB FISCAL	Julie D III. d/or Contract L/L/20 SK 4/7 y: d by: Hvizd 2223413 Attorney	REVIEW COMM	MENTS Ind Control Con	omments:	41713
A. OFMB Fiscal and ØFMB B. Legal Sufficience Helene (RESIDENCE PROPERTY OF THE PROPERTY O	Julie D III. d/or Contract L/L/20 y: dby: Hvizd 2223413 Attorney nt Review:	REVIEW COMM	MENTS Ind Control Con	omments:	41713

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

(From page 1)

Background and Justification: Under the Ryan White Part A Treatment Extension Act of 2009, the Palm Beach County HIV CARE Council has legislative authority to establish service category priorities and allocate funding to these categories. Palm Beach County, as a Ryan White grant administrator, is responsible for contracting with service providers. The listed agency has been selected to receive funding in accordance with the service priorities and funding allocations designated by the Palm Beach County HIV CARE Council.

Amendment 1

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 (R2019-0491) made and entered into at	
on this day of, 20, by and between Palm Beach Cou	nty, a Political Subdivision
of the State of Florida, by and through its Board of Commissioners, her	einafter referred to as the
COUNTY, and AIDS Healthcare Foundation, Inc., hereinafter referred to a	
profit corporation authorized to do business in the State of Florida, whose	se Federal Tax I.D. is 95-
<u>4112121</u> .	

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

WITNESSETH:

WHEREAS, COUNTY and AGENCY entered into a contract for provision of Ryan White Part A HIV Health Support Services on February 26, 2019, R-2019-0491, hereinafter referred to as "Contract"; and

WHEREAS, the need exists to amend the Contract to change the funding amount and extend the end date.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract is hereby amended as follows:

- I. Exhibit "B1" attached hereto shall replace Exhibit "B" to the Contract in its entirety.
- II. Exhibit "D1" Subaward Data attached hereto shall replace Exhibit "D" to the Contract in its entirety.
- III. ARTICLE 3 <u>PAYMENTS TO AGENCY/REIMBURSABLE</u> 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 contract amount of <u>TWENTY SEVEN THOUSAND</u>, <u>FIVE HUNDRED AND EIGHTY DOLLARS (\$27,580) OF WHICH THIRTEEN THOUSAND</u>, <u>SEVEN HUNDRED AND NINETY DOLLARS (\$13,790) IS BUDGETED IN GY 2019 and THIRTEEN THOUSAND</u>, <u>SEVEN HUNDRED AND NINETY DOLLARS (\$13,790) IS BUDGETED IN GY 2020</u>.

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.

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

The term of this Contract shall start March 1, 2019 and continue through February 28, 2021. 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.

V. 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. 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.

VI. 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.

VII. ARTICLE 23 - SCRUTINIZED COMPANIES of the 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.

VIII. ARTICLE 31 - CRIMINAL HISTORY RECORDS CHECK of the 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.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

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	BY Muy Mullt Kathy Scarlett, Director of Purchasing
	AGENCY:
Wartsa Vilonaver Witness Signature	AIDS Healthcare Foundation, Inc. Agency's Name Typed
Name Printed	Agency's Signatory Name
	President Agency's Signatory Title Printed
APPROVED AS TO FORM AND LEGAL SUFFICIENCY	APPROVED AS TO TERMS AND CONDITIONS
Assistant County Attorney	James Green, Director Department of Community Services

Exhibit B1

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

Agency: AIDS Health Care Foundation, Inc.

Service: AIDS Pharmaceutical Assistance

Unit Description	Total GY19	Total GY20	Total Contract Amount
A unit of service is 1 filled prescription. The unit may consist of a dispensing fee as well as an additional shipping charge if needed.	\$13,790	\$13,790	\$27,580
Dispensing Fee/Unit = \$10.24 Shipping Fee/Unit (if shipping is used) = \$7.00			
Units will be reimbursed based on a summary report of activity for the billing period. Full backup documentation must be available to justify reimbursed amounts upon request by the County.			

Exhibit D1

Sub-award Data¹ For Grant Year GY19

(i)	Sub-recipient Name	AIDS Healthcare Foundation, Inc.
(ii)	Sub-recipient Unique Entity Identifier:	95-4112121
(iii)	Federal Award Identification Number (FAIN):	H89HA00034-26-02
(iv)	Federal Award Date of Award to the Recipient by the Federal Agency:	09/20/19
(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:	-\$61,235
(vii)	Total Amount of Federal Funds Obligated to the Sub- recipient by the Pass-Through Entity Including the Current Obligation:	\$13,790
(viii)	Total Amount of the Federal Award Committed to the Subrecipient by the Pass-Through Entity:	\$13,790
(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.

Client#: 1622168

AIDSHEA1

ACORD_™ CERTIFICATE OF LIABILITY INSURANCE

3/03/2020

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

CONTACT Lisa Hedrick			
PHONE (A/C, No. Ext): 916 883-0591	FAX (A/C, No):		
E-MAIL ADDRESS. lisa.hedrick@usi.com			
INSURER(S) AFFORDING COVE	RAGE NAIC#		
INSURER A: Philadelphia Indemnity Insurance Co.	18058		
INSURER B : TDC National Assurance Company			
INSURER C: National Union Fire Ins Pittsburgh, PA			
INSURER D: NORCAL Specialty Insurance Company			
INSURER E:			
INSURER F:			
	NAME: LISA RECITICK PHONE (AJC, No, Ext): 916 883-0591 E-MAIL ADDRESS: Iisa.hedrick@usi.com INSURER(S) AFFORDING COVE INSURER A: Philadelphia Indemnity Insurance Co. INSURER B: TDC National Assurance Company INSURER C: National Union Fire Ins Pittsburgh, PA INSURER D: NORCAL Specialty Insurance Company 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. POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE **POLICY NUMBER** X COMMERCIAL GENERAL LIABILITY PHPK2102657 03/01/2020 03/01/2021 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurre CLAIMS-MADE X OCCUR \$1.000.000 \$5,000 MED EXP (Any one person) \$1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: \$3,000.000 GENERAL AGGREGATE PRO-JECT POLICY \$3,000,000 PRODUCTS - COMP/OP AGG OTHER: 03/01/2020 03/01/2021 COMBINED SINGLE LIMIT (Ea accident) Α AUTOMOBILE LIABILITY PHPK2102657 \$1,000,000 BODILY INJURY (Per pers X ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ONLY OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE X HIRED AUTOS ONLY Х \$ UMBRELLA LIAB 03/01/2020 03/01/2021 EACH OCCURRENCE X PHUB712932 OCCUR s10,000,000 **EXCESS LIAB** CLAIMS-MADE \$10,000,000 **AGGREGATE** DED X RETENTION \$10000
WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED? PER STATUTE E.L. EACH ACCIDENT N/A (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ Managed Care EO MCP004602000 03/15/2020 03/15/2021 \$3M each claim/\$3M agg В D&O/EPL/Fid 019694343 10/04/2019 10/04/2020 \$5M each claim/\$15M agg Med Prof Liab 730536E 08/01/2019 08/01/2020 \$3M each claim/\$10M agg DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Ryan White Funding The general and auto liability policies include automatic Additional Insured/Primary and Non Contributory/Waiver of Subrogation endorsements that provide such status to Palm Beach County Board of county Commissioners, a Political Subdivision of the State of Florida, it's Officers, Employees and Agents (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
Palm Beach County c/o Department of Community Services 301 N. Olive Avenue	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
West Palm Beach, FL 33401	AUTHORIZED REPRESENTATIVE

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LRHJ5



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/13/2019

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). CONTACT Kimberly Kleinman
PHONE
(AK. No. Ext): 818.539.8619
E-MAIL
ADDRESS: Kimberly Kleinman@ajg.com PRODUCER Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. LIC # 0726293 505 N Brand Blvd, Suite 600 Glendale CA 91203 FAX (A/C, No): 818.539.8719 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: NOVA Casualty Company 42552 AIDSHEA-01 INSURED
AIDS Healthcare Foundation INSURER B: INSURER C: 6255 W Sunset Blvd, 21st Floor Los Angeles, CA 90028 INSURER D: INSURER E : INSURER F: **CERTIFICATE NUMBER: 1043456194** REVISION NUMBER COVERAGES 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. ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ex occurre CLAIMS-MADE OCCUR \$ MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT POLICY PRODUCTS - COMP/OP AGG OTHER OMBINED SINGLE LIMIT Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) \$ OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per acci PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY S UMBRELLALIAR EACH OCCURRENCE 5 OCCUR EXCESS LIAB CLAIMS-MADE AGGREGATE RETENTION \$ DED PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY CF1-WK-10000216-02 8/17/2019 8/17/2020 ANYPROPRIETORIPARTNER/EXECUTIV OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. EACH ACCIDENT \$1,000,000 ECUTIVE NIA E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedulo, may be attached if more space is required) Evidence of Coverage. CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Palm Beach County, Florida Department of Community Services, 810 Datura Street, AUTHORIZED REPRESENTATIVE West Palm Beach, FL 33401 Melissa Ci

ACORD 25 (2016/03)

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Amendment 1

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 (R2019-1615) 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 <u>AIDS Healthcare Foundation, Inc.</u>, 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 <u>95-4112121</u>.

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

WITNESSETH:

WHEREAS, COUNTY and AGENCY entered into a contract for the provision of Ryan White Part A HIV Health Support Services on February 20, 2019, R-2019-1615, hereinafter referred to as "Contract"; and

WHEREAS, the need exists to amend the Contract to change the funding amount and extend the end date to February 28, 2021.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract is hereby amended as follows:

- I. Exhibit "B1" attached hereto shall replace Exhibit "B" to the Contract in its entirety.
- II. Exhibit "D1" Subaward Data attached hereto shall replace Exhibit "D" to the Contract in its entirety.
- III. 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 HUNDRED TWENTY SIX THOUSAND, EIGHT HUNDRED AND FOURTEEN DOLLARS (\$226,814) OF WHICH ONE HUNDRED THIRTEEN THOUSAND, FOUR HUNDRED AND SEVEN DOLLARS (\$113,407) IS BUDGETED IN GY 2019 AND ONE HUNDRED THIRTEEN THOUSAND, FOUR HUNDRED AND SEVEN DOLLARS (\$113,407) 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.

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

The term of this Contract shall start March 1, 2019 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.

V. 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.

VI. 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.

VII. ARTICLE 23 - SCRUTINIZED COMPANIES of the 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 AGENCY (IES) 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.

VIII. ARTICLE 31 - CRIMINAL HISTORY RECORDS CHECK of the 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.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

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 My Mulet Kathy Scarlett, Director of Purchasing
	AGENCY:
Marisa Vildames Witness Mary Che	AIDS Healthcare Foundation, Inc. Agency's Name Typed
Print Name	Agency's Signatory Name
	Michael Weinstein Agency's Signatory Name Printed
APPROVED AS TO FORM AND LEGAL SUFFICIENCY	APPROVED AS TO TERMS AND CONDITIONS
Assistant County Attorney	James Green, Director Department of Community Services

Exhibit B1

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

Agency: AIDS Health Care Foundation, Inc.

Unit Description	GY19	GY20	Total Contract
Emergency Financial Assistance/ Prior Authorization	\$100,000	\$100,000	\$200,000
EFA/PA will be reimbursed based on actual			,
expenditures as evidenced by agency general ledger.			
Food Bank/ Nutritional Supplements	\$13,407	\$13,407	\$26,814
FB/NS will be reimbursed based on actual			
expenditures as evidenced by agency general ledger.			
Total Contract	\$113,407	\$113,407	\$226,814

Exhibit D1

Sub-award Data¹ For Grant Year GY19

(i)	Sub-recipient Name	AIDS Healthcare Foundation, Inc.
(ii)	Sub-recipient Unique Entity Identifier:	95-4112121
(iii)	Federal Award Identification Number (FAIN):	H89HA00034-26-02
(iv)	Federal Award Date of Award to the Recipient by the Federal Agency:	09/20/19
(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:	\$91,985
(vii)	Total Amount of Federal Funds Obligated to the Sub- recipient by the Pass-Through Entity Including the Current Obligation:	\$113,407
(viii)	Total Amount of the Federal Award Committed to the Sub- recipient by the Pass-Through Entity:	\$113,407
(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 <u>TMalhotr@pbcgov.org</u> (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.

Client#: 1622168

AIDSHEA1

CERTIFICATE OF LIABILITY INSURANCE ACORD.

DATE (MM/DD/YYYY)

3/03/2020

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

PRODUCER	CONTACT Lisa Hedrick			
USI Insurance Services, LLC	PHONE (A/C, No, Ext): 916 883-0591 (A/C, No):			
10940 White Rock Rd 2nd Fl	E-MAIL ADDRESS: lisa.hedrick@usi.com			
Rancho Cordova, CA 95670	INSURER(S) AFFORDING COVERAGE	NAIC#		
916 589-8000	INSURER A : Philadelphia Indemnity Insurance Co.	18058		
INSURED	INSURER B : TDC National Assurance Company	41050		
AIDS Healthcare Foundation	INSURER C: National Union Fire Ins Pittsburgh, PA	19445		
6255 W Sunset Blvd 21st Floor	INSURER D : NORCAL Specialty Insurance Company	35114		
Los Angeles, CA 90028-7422	INSURER E :			
	INSURER F:			

CERTIFICATE NUMBER: COVERAGES 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. ADDL SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY PHPK2102657 03/01/2020 03/01/2021 EACH OCCURRENCE Α X \$1,000,000 CLAIMS-MADE X OCCUR DAMAGE TO RENTED PREMISES (Ea occurrence) s1,000,000 MED EXP (Any one person) s5.000 PERSONAL & ADV INJURY s1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: s3.000.000 GENERAL AGGREGATE POLICY PRO-JECT LOC PRODUCTS - COMP/OP AGG s3,000,000 OTHER: 03/01/2020 03/01/2021 COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY PHPK2102657 s1,000,000 BODILY INJURY (Per person) X ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ONLY OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE X HIRED AUTOS ONLY s UMBRELLA LIAB PHUB712932 03/01/2020 03/01/2021 EACH OCCURRENCE χ X OCCUR s10.000.000 EXCESS LIAB s10,000,000 CLAIMS-MADE AGGREGATE DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | S 03/15/2020 03/15/2021 \$3M each claim/\$3M agg MCP004602000 В Managed Care EO D&O/EPL/Fid 019694343 10/04/2019 10/04/2020 \$5M each claim/\$15M agg 08/01/2019 08/01/2020 \$3M each claim/\$10M agg D Med Prof Liab 730536E DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required RE: Ryan White Funding The general and auto liability policies include automatic Additional Insured/Primary and Non Contributory/Waiver of Subrogation endorsements that provide such status to Palm Beach County Board of county Commissioners, a Political Subdivision of the State of Florida, it's Officers, Employees and Agents (See Attached Descriptions)

CERTIFICATE HOLDER

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Palm Beach County c/o Department of Community Services 301 N. Olive Avenue 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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#S28122265/M28088056 ACORD 25 (2016/03)

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LRHJ5



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/13/2019

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.

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RODUCER
ACHUL J. Gallagher & Co.
PRIVIANCE RODUCER
ANNE: Kimberly Kleinman
PRONE
(AC, No. Ext): 818.539.8619

FAX
(AC, No. Ext): 818.539.8619

Arthu					NAME:	Kimberly K					
	r J. Gallagher & Co. ance Brokers of CA., Inc. LIC # 0	726	293		PHONE (AIC, No. Ext): 818.539.8619 FAX (AIC, No.: 818.539.8719						9.8719
	Brand Blvd, Suite 600				E-MAIL ADDRESS: Kimberly Kleinman@ajg.com						
Glend	dale CA 91203				INSURER(S) AFFORDING COVERAGE					NAIC#	
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	W Sunset Blvd, 21st Floor										
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Amendment 1

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 (R2019-1615) 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 AIDS Healthcare Foundation, Inc., hereinafter referred to as the AGENCY, a not-forprofit corporation authorized to do business in the State of Florida, whose Federal Tax I.D. is 95-4112121.

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

WITNESSETH:

WHEREAS, COUNTY and AGENCY entered into a contract for the provision of Ryan White Part A HIV Health Support Services on February 20, 2019, R-2019-1615, hereinafter referred to as "Contract"; and

WHEREAS, the need exists to amend the Contract to change the funding amount and extend the end date to February 28, 2021.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract is hereby amended as follows:

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V. 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.

VI. 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.

VII. ARTICLE 23 - SCRUTINIZED COMPANIES of the 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 AGENCY (IES) 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.

VIII. ARTICLE 31 - CRIMINAL HISTORY RECORDS CHECK of the 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.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

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 Mult Kathy Scarlett, Director of Purchasing
	AGENCY:
Marisa Vilchames Witness	AIDS Healthcare Foundation, Inc. Agency's Name Typed
Many Che. Print Name	Agency's Signatory Name
	Michael Weinstein Agency's Signatory Name Printed
APPROVED AS TO FORM AND LEGAL SUFFICIENCY	APPROVED AS TO TERMS AND CONDITIONS
Assistant County Attorney	James Green, Director
J	Department of Community Services

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

Agency: AIDS Health Care Foundation, Inc.

Unit Description	GY19	GY20	Total Contract
Emergency Financial Assistance/ Prior Authorization	\$100,000	\$100,000	\$200,000
EFA/PA will be reimbursed based on actual			
expenditures as evidenced by agency general ledger.			
Food Bank/ Nutritional Supplements	\$13,407	\$13,407	\$26,814
FB/NS will be reimbursed based on actual			
expenditures as evidenced by agency general ledger.			
Total Contract	\$113,407	\$113,407	\$226,814

Sub-award Data¹ For Grant Year GY19

(i)	Sub-recipient Name	AIDS Healthcare Foundation, Inc.
(ii)	Sub-recipient Unique Entity Identifier:	95-4112121
(iii)	Federal Award Identification Number (FAIN):	Н89НА00034-26-02
(iv)	Federal Award Date of Award to the Recipient by the Federal Agency:	09/20/19
(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:	\$91,985
(vii)	Total Amount of Federal Funds Obligated to the Sub- recipient by the Pass-Through Entity Including the Current Obligation:	\$113,407
(viii)	Total Amount of the Federal Award Committed to the Subrecipient by the Pass-Through Entity:	\$113,407
(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
	<u> </u>	

**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.

AIDSHEA1

Client#: 1622168

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/03/2020

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

CONTACT Lisa Hedrick PRODUCER PHONE (A/C, No, Ext): 916 883-0591 E-MAIL ADDRESS: lisa.hedrick@usi.com USI Insurance Services, LLC 10940 White Rock Rd 2nd Fl Rancho Cordova, CA 95670 NAIC# INSURER(S) AFFORDING COVERAGE 916 589-8000 18058 INSURER A: Philadelphia Indemnity Insurance Co. INSURED 41050 INSURER B : TDC National Assurance Company AIDS Healthcare Foundation 19445 INSURER C: National Union Fire Ins Pittsburgh, PA 6255 W Sunset Blvd 21st Floor 35114 INSURER D : NORCAL Specialty Insurance Company Los Angeles, CA 90028-7422 INSURER E :

INSURER F : REVISION NUMBER: **COVERAGES** CERTIFICATE 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. ADDL SUBR INSR WVD POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE LIMITS POLICY NUMBER X COMMERCIAL GENERAL LIABILITY PHPK2102657 03/01/2020 03/01/2021 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$1,000,000 \$5,000 MED EXP (Any one person) \$1,000.000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: \$3,000,000 GENERAL AGGREGATE PRO-JECT \$3,000,000 POLICY LOC PRODUCTS - COMP/OP AGG OTHER: 03/01/2020 03/01/2021 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY Δ PHPK2102657 \$1,000,000 BODILY INJURY (Per person) X ANY AUTO OWNED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) X HIRED AUTOS ONLY Χ X UMBRELLA LIAB X OCCUR PHUB712932 03/01/2020 03/01/2021 EACH OCCURRENCE \$10,000,000 **EXCESS LIAB** CLAIMS-MADE \$10,000,000 AGGREGATE DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ MCP004602000 03/15/2020 03/15/2021 \$3M each claim/\$3M agg B Managed Care EO D&O/EPL/Fid 019694343 10/04/2019 10/04/2020 \$5M each claim/\$15M agg Med Prof Liab 730536E 08/01/2019 08/01/2020 \$3M each claim/\$10M agg DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Ryan White Funding The general and auto liability policies include automatic Additional Insured/Primary and Non Contributory/Waiver of Subrogation endorsements that provide such status to Palm Beach County Board of county Commissioners, a Political Subdivision of the State of Florida, it's Officers, Employees and Agents (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
Palm Beach County c/o Department of Community Services 301 N. Olive Avenue	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
West Palm Beach, FL 33401	AUTHORIZED REPRESENTATIVE
	1570mi
	@ 1988 2015 ACOPD COPPORATION All rights recovered

ACORD 25 (2016/03) 1 of 2 #\$28122265/M28088056

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/13/2019

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).

	DUCER				NAME: Kimberly Kleinman						
Insi	nur J. Gallagher & Co. urance Brokers of CA., Inc. LIC # (17262	93		PHONE (A/C, No. Ext): 818.539.8619 FAX (A/C, No): 818.539.87					9.8719	
505	N Brand Blvd, Suite 600				ADDRESS: Kimberly_Kleinman@ajg.com						
Gle	ndale CA 91203				INSURER(S) AFFORDING COVERAGE					NAIC#	
					INSURE					42552	
INSU	RED			AIDSHEA-01	INSURER A : NOVA Casualty Company						
	S Healthcare Foundation				INSURER B:						
	55 W Sunset Blvd, 21st Floor				INSURER C:						
Los	Angeles, CA 90028				INSURE						
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ACORD 25 (2016/03)

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