

FIRST AMENDMENT

FIRST AMENDMENT TO CONTRACT FOR
PROVISION OF SERVICES

THIS FIRST AMENDMENT TO CONTRACT FOR PROVISION OF SERVICES dated October 19, 2021 (**R2021-1905**), is made on this _____ day of _____, 2023, 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 **Florida Rural Legal Services, 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 **59-1225173**.

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

WHEREAS, on December 21, 2021, the above named parties entered into a Contract for Provision of Services, (R2021-1905) (the Contract), in an amount not to exceed \$825,000.00 to provide under Rapid Response Eviction Assistance Program (RREAP) services to eligible residents of Palm Beach County; and

WHEREAS, the need exists to amend the Contract to extend the term of the Contract, to update **ARTICLE 4 – SCHEDULE** and **ARTICLE 5 – PAYMENTS TO AGENCY**; and replace **Exhibit B** with **Exhibit B-1**.

NOW THEREFORE, the COUNTY and the AGENCY mutually agree that the Contract entered into on January 1, 2021 is hereby amended as follows:

- I. The foregoing recitals are true and correct, and incorporated herein by reference.
- II. The first paragraph of **ARTICLE 4 SCHEDULE** is amended to read as follows:

The term of this Contract shall be for three (3) years and nine (9) months starting January 1, 2022 and ending on September 30, 2025, unless either party notifies the other of its intent not to renew in accordance with the time parameters stated herein.
- III. The first paragraph in **ARTICLE 5 – PAYMENTS TO AGENCY** are amended to read as follows:

The total amount to be paid by the COUNTY under this Contract for all services and materials shall not exceed a total Contract amount of **EIGHT HUNDRED THOUSAND TWENTY-FIVE DOLLARS AND ZERO CENTS (\$825,000.00)** over the length of the Contract.
- IV. A new **EXHIBIT B-1 – PAYMENT SCHEDULE**, attached hereto and incorporated herein by reference, shall replace **EXHIBIT B– PAYMENT SCHEDULE**, in its entirety.
- V. All other provisions of the Contract not modified in this Second Amendment remain in full force and effect.

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this First Amendment on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:

**Joseph Abruzzo, Clerk of the Circuit Court
and Comptroller
Palm Beach County**

**PALM BEACH COUNTY, FLORIDA,
A Political Subdivision of the State of Florida
BOARD OF COUNTY COMMISSIONERS**

BY _____
Deputy Clerk

BY _____, Mayor

AGENCY:

Florida Rural Legal Services, Inc.

BY: DocuSigned by:
Jaffe Pickett

AGENCY'S Signatory Name

Jaffe Pickett
AGENCY'S Signatory Name Typed

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

Helene C. Hoyle DS
HH

Assistant County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**

DocuSigned by:
Taruna Malhotra

Taruna Malhotra, Assistant Director
Community Services Department

**FY 2022 – 2025 EMERGENCY RENTAL ASSISTANCE PROGRAM (ERA – COVID – 19)
UNITS OF SERVICE RATE AND DEFINITION**

Agency Name: Florida Rural Legal Services, Inc.
Program Name: Rapid Response Eviction Assistance Program
Number Served: 1,050 Unduplicated Clients
Total Payments: Not to exceed \$825,000

Description	Budget Amount
Administration	\$75,000
Staffing	\$675,000
Operating Cost	\$75,000
Total Contract Amount	\$825,000

Reimbursements will be based on actual expenditures as evidenced by agency general ledger or other proof of payment documents. A maximum 10% admin charge can be added to each reimbursement, within the contract not-to-exceed amount.



**Palm Beach County
Compliance Summary Report**

Vendor Number	Vendor Name	AM Best Rating	Insurance Carrier	Policy #	Eff. Date	Exp. Date	Coverage	Contract Number	Contract Name
DX00001016	Florida Rural Legal Services, Inc.		Compliant					080-02	CARES-Rental and Utilities Assistance Program
		A+r , XV	ALLIED Property and Casualty Insurance Company	ACPCAP3099975360	12/15/2022	12/15/2023	Excess Liability		
		A+r , XV	Depositors Insurance Company	acpbpod3099975360	12/15/2022	12/15/2023	General Liability		
		NR ,	NLADA Mutual Insurance Company, a Risk Retention G	ipl10004500	2/1/2023	2/1/2024	Professional Liability		
		A-p , XV	Technology Insurance Company, Inc.	TWC4178199	12/15/2022	12/15/2023	Workers Comp		

Risk Profile : Standard - Professional Services
Required Additional Insured : Palm Beach County Board of County Commissioners
Ownership Entity :

FIRST AMENDMENT

FIRST AMENDMENT TO CONTRACT FOR
PROVISION OF SERVICES

THIS FIRST AMENDMENT TO CONTRACT FOR PROVISION OF SERVICES dated December 21, 2021 (**R2021-1906**), is made on this _____ day of _____, 2023, 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 **Legal Aid Society of Palm Beach County, Inc.**, hereinafter referred to as the AGENCY, a not-for-profit corporation authorized to do business in the State of Florida, whose Federal Tax I.D. is **59-6046994**.

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

WHEREAS, on December 21, 2021, the above named parties entered into a Contract for Provision of Services, (R2021-1906) (the Contract), in an amount not to exceed \$825,000.00 to provide under Rapid Response Eviction Assistance Program (RREAP) services to eligible residents of Palm Beach County; and

WHEREAS, the need exists to amend the Contract to extend the term of the Contract, to update **ARTICLE 4 – SCHEDULE** and **ARTICLE 5 – PAYMENTS TO AGENCY**; and replace **Exhibit B** with **Exhibit B-1**.

NOW THEREFORE, the COUNTY and the AGENCY mutually agree that the Contract entered into on January 1, 2022 is hereby amended as follows:

- I. The foregoing recitals are true and correct, and incorporated herein by reference.
- II. The first paragraph of **ARTICLE 4 – SCHEDULE** is amended to read as follows:

The term of this Contract shall be for three (3) years and nine (9) months starting January 1, 2022 and ending on September 30, 2025, unless either party notifies the other of its intent not to renew in accordance with the time parameters stated herein.
- III. The first paragraph in **ARTICLE 5 – PAYMENTS TO AGENCY** is amended to read as follows:

The total amount to be paid by the COUNTY under this Contract for all services and materials shall not exceed a total Contract amount of **EIGHT HUNDRED THOUSAND TWENTY-FIVE DOLLARS AND ZERO CENTS (\$825,000.00)** over the length of the Contract.
- IV. A new **EXHIBIT B-1 – PAYMENT SCHEDULE**, attached hereto and incorporated herein by reference, shall replace **EXHIBIT B– PAYMENT SCHEDULE**, in its entirety.
- V. All other provisions of the Contract not modified in this Second Amendment remain in full force and effect.

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this First Amendment on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:

Joseph Abruzzo, Clerk of the Circuit Court
and Comptroller
Palm Beach County

PALM BEACH COUNTY, FLORIDA,
A Political Subdivision of the State of Florida
BOARD OF COUNTY COMMISSIONERS

BY _____
Deputy Clerk

BY _____
, Mayor

AGENCY:

Legal Aid Society of Palm Beach County, Inc.

BY: DocuSigned by:
Robert Bertisch
CE4BFCB48F644AF...

AGENCY'S Signatory Name

Robert Bertisch
AGENCY'S Signatory Name Typed

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

Heleen C. Hartzel DS
HCH

Assistant County Attorney

APPROVED AS TO TERMS
AND CONDITIONS

DocuSigned by:
Taruna Malhotra
1459E4101E10A9C

Taruna Malhotra, Assistant Director
Community Services Department

**FY 2022 – 2025 EMERGENCY RENTAL ASSISTANCE PROGRAM (ERA – COVID – 19)
UNITS OF SERVICE RATE AND DEFINITION**

Agency Name: Legal Aid Society of Palm Beach County, Inc.
Program Name: Rapid Response Eviction Assistance Program
Number Served: 1050 Unduplicated Clients
Total Payments: Not to exceed \$825,000

Description	Budget Amount
Administration	\$75,000
Staffing	\$675,000
Operating Cost	\$75,000
Total Contract Amount	\$825,000

Reimbursements will be based on actual expenditures as evidenced by agency general ledger or other proof of payment documents. A maximum 10% admin charge can be added to each reimbursement, within the contract not-to-exceed amount.

From: nsmith@legalaidpbc.org
To: pbcounty pbcounty@Ebix.com
CC:
Subject: RE: Palm Beach County Certificate of Insurance Request
Date: 4/30/2023 10:47:04 PM
Attachment(s):

You don't often get email from nsmith@legalaidpbc.org. [Learn why this is important](#)

Hello Customer Service—Attached is the renewal certificate for the Legal Aid Society of Palm Beach County.

Have a wonderful weekend.

Noelle

Noelle Smith

Legal Aid Society of Palm Beach County, Inc.
423 Fern Street, Suite 200
West Palm Beach, FL 33401
Telephone: (561) 655-8944 Ext. 258
Direct Line: (561) 822-9764
Fax: (561) 655-5269
Email: nsmith@legalaidpbc.org

P Go Green! Please consider the environment before printing this email

From: Customer Service <pbcounty@ebix.com>
Sent: Tuesday, April 25, 2023 3:41 PM
To: Noelle Smith <nsmith@legalaidpbc.org>
Subject: Palm Beach County Certificate of Insurance Request

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.



Palm Beach County has contracted with Ebix RCS www.ebix.com to manage

insurance compliance verification on its behalf. You must be properly insured while doing business with Palm Beach County and comply with insurance requirements.

As of the date of this notice we have not received proper evidence of insurance coverage.

Vendor Instructions: The attached notice is being sent to you and your agent, if Ebix RCS has their email address on file regarding your insurance requirements as stated in your agreement with Palm Beach County.

Agent Instructions: Please review the attached notice, and return a compliant set of insurance documents to pbcounty@ebix.com; if you have any questions, please contact Ebix RCS by calling (951) 652-8128. Your prompt attention is appreciated.

EBIX Ebix, Inc. | One Ebix way | Johns Creek, GA 30097 | Web-



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/12/2023

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 John Sena Agency, Inc 190 Glades Road Suite C BOCA RATON, FL 33432	CONTACT NAME: Ramon Labrador
	PHONE (A/C, No, Ext): (561)391-4661 FAX (A/C, No): (561)338-6551
	E-MAIL ADDRESS: ralabrador@thesenagroup.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A : Allied P&C Ins Co
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES CERTIFICATE NUMBER: 00014908-1460565 REVISION NUMBER: 71

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		ACBPB013120265574	08/28/2023	08/28/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> AUTOS ONLY			ACBPB013120265574	08/28/2023	08/28/2024	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				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
PALM BEACH COUNTY IS ADDITIONAL INSURED UNDER GENERAL LIABILITY

CERTIFICATE HOLDER Palm Beach County Insurance Compliance PO Box 100085 - DX DULUTH, GA 30096	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 (RAL)
---	--

From: nsmith@legalaidpbc.org
To: pbcounty pbcounty@Ebix.com
CC:
Subject: RE: Palm Beach County Certificate of Insurance Request
Date: 8/14/2023 10:47:02 AM
Attachment(s):

You don't often get email from nsmith@legalaidpbc.org. [Learn why this is important](#)

CAUTION: This email originated from outside of the organization! **DO NOT** click on links or open attachments unless you were expecting the email, recognize the sender, and know the content is safe.

Hello Customer Service—Attached are two renewal certificates for the Legal Aid Society of Palm Beach County.

Thank you.

Noelle

Noelle Smith
Legal Aid Society of Palm Beach County, Inc.
423 Fern Street, Suite 200
West Palm Beach, FL 33401
Telephone: (561) 655-8944 Ext. 258
Direct Line: (561) 822-9764
Fax: (561) 655-5269
Email: nsmith@legalaidpbc.org

P Go Green! Please consider the environment before printing this email

From: Noelle Smith
Sent: Friday, April 28, 2023 11:31 AM
To: Customer Service <pbcounty@ebix.com>
Subject: RE: Palm Beach County Certificate of Insurance Request

Hello Customer Service—Attached is the renewal certificate for the Legal Aid Society of Palm Beach County.

Have a wonderful weekend.

Noelle

Noelle Smith

Legal Aid Society of Palm Beach County, Inc.

423 Fern Street, Suite 200

West Palm Beach, FL 33401

Telephone: (561) 655-8944 Ext. 258

Direct Line: (561) 822-9764

Fax: (561) 655-5269

Email: nsmith@legalaidpbc.org

P Go Green! Please consider the environment before printing this email

From: Customer Service <pbcounty@ebix.com>

Sent: Tuesday, April 25, 2023 3:41 PM

To: Noelle Smith <nsmith@legalaidpbc.org>

Subject: Palm Beach County Certificate of Insurance Request

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.



Palm Beach County has contracted with Ebix RCS www.ebix.com to manage insurance compliance verification on its behalf. You must be properly insured while doing business with Palm Beach County and comply with insurance requirements.

As of the date of this notice we have not received proper evidence of insurance coverage.

Vendor Instructions: The attached notice is being sent to you and your agent, if Ebix RCS has their email address on file regarding your insurance requirements as stated in your agreement with Palm Beach County.

Agent Instructions: Please review the attached notice, and return a compliant set of insurance documents to pbcounty@ebix.com; if you have any questions, please contact Ebix RCS by calling (951) 652-8128. Your prompt attention is appreciated.

EBIX Ebix, Inc. | One Ebix way | Johns Creek, GA 30097 | Web-



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/10/2023

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 Burke Bogart & Brownell 181 Crawford Blvd Boca Raton, FL 33432	CONTACT NAME: Dawn Lasky	
	PHONE (A/C No. Ext): (561) 367-4042	FAX (A/C No.): (561) 750-9134
	E-MAIL ADDRESS: dlasky@bbbins.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Legal Aid Society of Palm Beach County, Inc. 423 Fern Street Suite 200 West Palm Beach, FL 33401	INSURER A: Technology Insurance Co	A0627
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT 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 ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB 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	TWC4288271	08/28/2023	08/28/2024	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 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

CANCELLATION

Palm Beach County PO Box 100085 - DX Duluth, GA 30096	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

© 1988-2015 ACORD CORPORATION. All rights reserved.