

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: December 19, 2023

Consent Regular
 Ordinance Public Hearing

Department: Parks and Recreation

Submitted By: Parks and Recreation Department

Submitted For: Parks and Recreation Department



I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to receive and file: an executed Second Amendment to the Independent Contractor Agreement with Mary Lou Putnam, Adult Water Aerobics Program, North County Aquatic Complex, to increase the amount of the agreement (R2022-1463) by one thousand forty-four dollars (\$1,044) for a total amount not to exceed twenty six thousand six hundred dollars forty-five (\$26,645) for the period of October 1, 2022 through September 30, 2023.

Summary: The Independent Contractor Agreement has been fully executed on behalf of the Board of County Commissioners (BCC) by the County Administrator and Director of the Parks and Recreation Department in accordance with Resolution 94-422, amended by Resolutions 2002-2103, 2007-0409, 2012-0168, 2017-0822 and 2021-2049. The Department is now submitting this Amendment in accordance with County PPM CW-O-051, which requires all delegated agreements to be submitted by the initiating Department to the BCC as a Receive and File agenda item. District 1 (AH)

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

Attachment: Second Amendment to Independent Contractor Agreement

Recommended by:	<u></u> Department Director	<u>11/20/2023</u> Date
Approved by:	<u></u> County Administrator	<u>12/5/23</u> Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2024	2025	2026	2027	2028
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____
Is Item Included in Current Budget:		Yes	<u>X</u>	No	_____
Does this item include use of federal funds?		Yes	_____	No	<u>X</u>
Does this item include use of State Funds?		Yes	_____	No	<u>X</u>

Budget Account No.: Fund 0001 Department 580 Unit 5305
 Object 3422 Revenue Source 4724 Program _____

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


Contractor	FY2023		% Split
	Revenue	Expense	
Mary Lou Putnam	38,064	26,645	70/30
Totals	\$38,064	\$26,645	

The revenue and expenses were recorded in FY2023.

C. Departmental Fiscal Review: 

III. REVIEW COMMENTS

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

 11/21/23
 OFMB JA 11/21
 KRF 11/21

 12/4/23
 Contract Development & Control
 1006 12/4/23

B. Legal Sufficiency:

 12-5-23
 Assistant County Attorney

C. Other Departmental Review:

 Department Director

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

**SECOND AMENDMENT TO INDEPENDENT CONTRACTOR AGREEMENT BETWEEN
PALM BEACH COUNTY AND MARY LOU PUTNAM.**

THIS SECOND AMENDMENT TO INDEPENDENT CONTRACTOR AGREEMENT, is made and entered into on October 18, 2023 by and between the Board of County Commissioners of Palm Beach County, Florida, hereinafter referred to as "COUNTY," and Mary Lou Putnam, an Independent Contractor, hereinafter referred to as "CONTRACTOR".

WITNESSETH:

WHEREAS, on September 16, 2022, COUNTY and CONTRACTOR entered into an Agreement (R2022-1463) for the provision of providing a Water Aerobics Program for Adults at North County Aquatic Complex; hereinafter referred to as the "Agreement"; and

WHEREAS, On September 20, 2023, COUNTY and CONTRACTOR amended the Agreement to increase the not to exceed amount by One Thousand Six Hundred Dollars (\$1,600) for the total not to exceed contract amount of Twenty Five Thousand Six Hundred One Dollars (\$25,601) for the Water Aerobics program instructor services; and

WHEREAS, CONTRACTOR's fee is the sum of 70% of the paid enrollment fees for the Program; and

WHEREAS, the program has exceeded revenue projections of Thirty Eight Thousand Sixty Four Dollars (\$38,064); and

WHEREAS, the total not to exceed amount required to be paid to CONTRACTOR needs to be increased by One Thousand Forty Four Dollars (\$1,044); and

WHEREAS, COUNTY and CONTRACTOR desire to amend this Agreement.

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

1. Section 3 sentence 1 of the Agreement is hereby deleted in its entirety and replaced with the following: "The total amount payable by COUNTY under this Agreement for the services to be performed hereunder is not to exceed Twenty Six Thousand Six Hundred Forty Five Dollars (\$26,645).
2. Except as provided herein, each and every other term of the Agreement shall remain in full force and effect and the Agreement is reaffirmed as modified herein.

REMAINDER OF PAGE LEFT INTENTIONALLY BLANK

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

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

By: Jennifer E. Culler 10/6/23
Signature Date
Director / Assistant Director
Palm Beach County Parks and Recreation Department

If Agreement Value Exceeds \$10,000.00:

County Administrator

W. Baker 10/18/23
Signature Date

WITNESS

Craig Perry 10-6-23
Signature Date
Craig Perry
Print

CONTRACTOR - Mary Lou Putnam

By: Mary Lou Putnam 10-6-23
Signature Date
Mary Lou Putnam
Print
water aerobics instructor
Title

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

County Attorney

Anne Helfant
Signature Date
Digitally signed by Anne Helfant
DN: DC=org, DC=pbgov, OU=Enterprise, OU=CATT, OU=Users,
CN=Anne Helfant, E=AHelfant@pbgov.org
Reason: I am the author of this document
Location:
Date: 2023.10.08 15:40:55-0400
Foxit PDF Reader Version: 12.0.1

**APPROVED AS TO
TERMS & CONDITIONS:**

Division Director

James Davis
Signature Date
Digitally signed by James Davis
DN: DC=org, DC=pbgov, OU=Enterprise, OU=PARK,
OU=Users, CN=James Davis, E=JDavis@pbgov.org
Reason: I am the author of this document
Location:
Date: 2023.10.08 15:58:55-0400
Foxit PDF Reader Version: 12.1.0

Sadler Sports: Fitness Instructor Insurance Plan

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/15/2023

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 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 SADLER & COMPANY, INC. P.O. BOX 5866 COLUMBIA, SOUTH CAROLINA 29250-5866	CONTACT NAME: Sports Dept PHONE (A/C, No. Ext): 800-822-7370 FAX (A/C, No): 803-258-4017 E-MAIL ADDRESS: instructor@sadlersports.com PRODUCER CUSTOMER ID#:
---	---

INSURED Mary Lou Putnam DBA Aqua-phoria Mary Lou Putnam 110 Casa Grande Court Palm Beach Gardens, FL 33418 Application ID: 395229 A Member of the Sports, Leisure & Entertainment RPG	INSURER(S) AFFORDING COVERAGE
	INSURER A: MARKEL INSURANCE COMPANY NAIC # 38970
	INSURER B:
	INSURER C:
	INSURER D:


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.

INSD LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		M1 RPG0000000132700	12:01AM ET 08/22/2023	12:01AM ET 08/22/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (fire legal liability) \$1,000,000 MEDICAL EXP (other than participant) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE (other than products-completed operations) \$5,000,000 PRODUCTS-COMP/OP AGG \$1,000,000 PROFESSIONAL LIABILITY \$1,000,000 BODILY INJURY TO PARTICIPANTS \$1,000,000 ABUSE, MOLESTATION, HARRASSMENT OR SEXUAL CONDUCT DEFENSE COSTS REIMBURSEMENT \$100,000
	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 <input type="checkbox"/> NOT PROVIDED WHILE IN HAWAII						COMBINED SINGLE LIMIT (Ea Accident) 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 <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> 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			N/A			<input type="checkbox"/> PER STATUE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	MEDICAL PAYMENTS FOR PARTICIPANTS						PRIMARY MEDICAL EXCESS MEDICAL

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Instructor of Aquatic Exercise, (CERTIFIED)

The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

CERTIFICATE HOLDER RELATIONSHIP: Property Owner/ Lessor BOCC of Palm Beach County Kenin Downes 2700 6th Ave. S Lake Worth, FL 33461	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 
--	---

ISO | Commercial General Liability Forms | 07/01/04
POLICY NUMBER: M1 RPG000000132700
INSURED: Mary Lou Putnam

COMMERCIAL GENERAL LIABILITY
CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

1. Name of Additional Insured Person(s) or Organizations(s):
BOCC of Palm Beach County Kenin Downes 2700 6th Ave. S Lake Worth, FL 33461
(Information required to complete this Schedule, if not shown above, will be shown in the Declarations.)

A. Section II - Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Date Added: 07/15/2023 12:01:13 PM

CG 20 26 04 13