

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**AGENDA ITEM SUMMARY**

**Meeting Date:** February 3, 2026

[  ] Consent    [  ] Regular  
[  ] Ordinance    [  ] Public Hearing

**Department**

**Submitted By:** Community Services

**Submitted For:** Financially Assisted Agencies (FAA)

**I. EXECUTIVE BRIEF**

**Motion and Title:** Staff recommends motion to retroactively approve:

**A)** First Amendment to Agreement for Provision of Financial Assistance with Alzheimer's Community Care, Inc. (ACC), for the period October 1, 2025 through September 30, 2028, to amend, revise Exhibit B to appropriately allocate funds to the programs, and replace Exhibit B with Exhibit B-1 in the Agreement for Provision of Financial Assistance with ACC (R2025-1542), with no change to the overall total contract amount of \$1,683,000, for the provision of adult day care and caregiver services to Palm Beach County (County) residents; and

**B)** First Amendment to Agreement for Provision of Financial Assistance with Habilitation Center for the Handicapped, Inc. (Hab Center), for the period October 1, 2025 through September 30, 2028, to amend, revise Exhibit B unit rates and definitions, and replace Exhibit B with B-1 in the Agreement for Provision of Financial Assistance with Hab Center (R2025-1550), with no change to the overall total contract amount of \$675,000, for the provision of life skills training, supported employment, and day programming for adults with disabilities or special needs who are County residents.

**Summary:** These Amendments revise and replace Exhibit B with Exhibit B-1 to align with the approved programmatic budgets and reflect actual cost reimbursement up to the contractual limit. The ACC amendment is to appropriately allocate funds to the respective programs. After full execution of the Agreement, the HAB Center requested a revision to previously approved unit rates/definitions. The Amendments allow the agencies to continue delivering services, as specified in their respective agreements, to low-income County residents. These Amendments do not affect the number of clients served and result in no change to the total contract amount. Countywide (JBR)

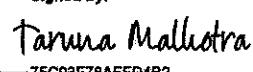
**Background and Justification:** To address human service needs, the County augments its own service offering by funding programs and services delivered by community-based agencies. The FAA program, established in the early 1980s, was created to overcome the adverse impact of reduced federal funding. Today, it remains a vital component of the federal, state, and local funding sources that support the County's system of care.

The Board of County Commissioners (BCC) has directed staff to pursue data-driven, evidence-based programming and outcome measures to ensure meaningful and effective changes in the lives of community members. Funded organizations are closely monitored by the Community Services Department (CSD) to ensure both programmatic and fiscal accountability.

**Attachments:**

1. First Amendment to Agreement for Provision of Financial Assistance with ACC
2. First Amendment to Agreement for Provision of Financial Assistance with Hab Center

**Recommended By:** \_\_\_\_\_

Signed by:  
  
75C98F78AFFD4B2...

1/12/2026

Department Director

Date

**Approved By:** \_\_\_\_\_

  
Deputy County Administrator

1/21/26

Date

**II. FISCAL IMPACT ANALYSIS****A. Five Year Summary of Fiscal Impact:**

| Fiscal Years            | 2026 | 2027 | 2028 | 2029 | 2030 |
|-------------------------|------|------|------|------|------|
| Capital Expenditures    |      |      |      |      |      |
| Operating Costs         |      |      |      |      |      |
| External Revenue        |      |      |      |      |      |
| Program Income (County) |      |      |      |      |      |
| In-Kind Match (County)  |      |      |      |      |      |
| NET FISCAL IMPACT       |      |      |      |      |      |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| No. ADDITIONAL FTE POSITIONS (Cumulative) |  |  |  |  |  |
|---|--|--|--|--|--|

Is Item Included In Current Budget?

Yes No 

Does this item include the use of Federal funds?

Yes No 

Does this item include the use of State funds?

Yes No **Budget Account No.:**Fund: 0001 Dept: 740 Unit: Varies Object: 8201 Program Code:   Program Period:  **B. Recommended Sources of Funds/Summary of Fiscal Impact:**

No fiscal impact, amendment to the method of reimbursement only.

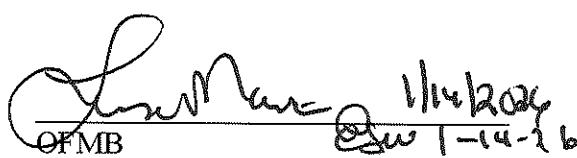
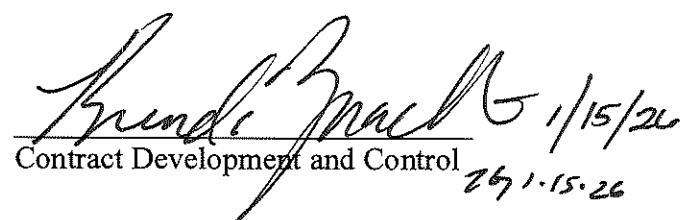
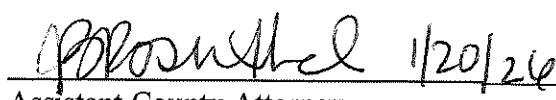
**C. Departmental Fiscal Review:**

Julie Dowe, Director, Financial &amp; Support Services

DocuSigned by:



0649670000004444

**III. REVIEW COMMENTS****A. OFMB Fiscal and/or Contract Development and Control Comments:**  
OFMB 11/15/26  
Contract Development and Control 11/15/26**B. Legal Sufficiency:**  
1/20/26

Assistant County Attorney

**C. Other Department Review:**

Department Director

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

**FIRST AMENDMENT TO AGREEMENT FOR PROVISION OF FINANCIAL ASSISTANCE**

THIS FIRST AMENDMENT TO AGREEMENT FOR PROVISION OF FINANCIAL ASSISTANCE (Amendment) is made on this 3rd day of February, 2024, by and between Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of County Commissioners, hereinafter referred to as the COUNTY, and **ALZHEIMER'S COMMUNITY CARE, 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 **31-1481653**.

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

**WHEREAS**, on October 21, 2025, the above-named parties entered into an Agreement for Provision of Financial Assistance (R2025-1542) (the Agreement), in an amount not to exceed \$1,683,000 to provide certain services under the Economic Stability service category; and

**WHEREAS**, the need exists to amend the Agreement in accordance with the terms set forth below.

**NOW THEREFORE**, the COUNTY and the AGENCY mutually agree that the Agreement is hereby amended as follows:

- I. The foregoing recitals are true and correct, and incorporated herein by reference.
- II. The second and third paragraph in **ARTICLE 4 -PAYMENTS TO AGENCY** is amended to read as follows:

The AGENCY will bill the COUNTY on a quarterly basis, or as otherwise provided, at the amounts set forth in **EXHIBIT - B-1** for services rendered toward the completion of the Scope of Work. Where incremental billings for partially completed items are permitted, the total billings shall not exceed the estimated percentage of completion as of the billing date.

The program and unit cost definitions for this Contract year are set forth in **EXHIBIT - B-1**. All requests for payments of this Contract shall include an original cover memo on AGENCY letterhead signed by the Chief Executive Officer, Chief Financial Officer, or their designee.

- III. **EXHIBIT B** is hereby replaced in its entirety by **EXHIBIT B-1**, attached hereto and incorporated herein by reference.
- IV. All other provisions of the Agreement not modified in this First 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 Amendment on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:

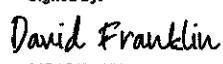
MICHAEL A. CARUSO  
CLERK of the CIRCUIT COURT & COMPTROLLER

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

BY: \_\_\_\_\_  
Deputy Clerk

BY: \_\_\_\_\_  
Sara Baxter, Mayor

AGENCY:  
ALZHEIMER'S COMMUNITY CARE, INC.

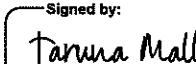
Signed by:  
BY:   
David Franklin  
Authorized Signature

David Franklin  
AGENCY'S Signatory Name Typed

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

Signed by:  
BY:   
Jessica Boker Rosenthal  
A2EF4B6BAA5427...  
Assistant County Attorney

APPROVED AS TO TERMS AND CONDITIONS  
Community Services Department

Signed by:  
BY:   
Taruna Mallotra  
75099F76AFFB4B2...  
Department Director

**FY 2026-2028 FINANCIAL ASSISTANCE AGREEMENT UNITS  
OF SERVICE RATE AND DEFINITION**

**Agency:** Alzheimer's Community Care Inc.  
**Program 1 Name:** Adult Day Care Services

| Description   | Unit Cost | Total FY 2026 | Total FY 2027 | Total FY 2028 | Total 3 Year Contract Amount |
|---|-----------|---------------|---------------|---------------|------------------------------|
| <b>Adult Day Care Services:</b><br>A unit of service is defined as one hour of staff time in direct client services and can include patient care and enrollment activities. | \$19      | \$209,000     | \$209,000     | \$209,000     | \$627,000                    |
| <b>Service: CQM</b><br>Unit of service defined as one (1) hour of staff time of direct CQM services.  | \$35      | \$11,000      | \$11,000      | \$11,000      | \$33,000                     |
| <b>Total Contract over a three (3) year period</b>  |           | \$220,000     | \$220,000     | \$220,000     | \$660,000                    |

**Program 2 Name:** Caregiver Services

| Description  | Unit Cost | Total FY 2026 | Total FY 2027 | Total FY 2028 | Total 3 Year Contract Amount |
|--|-----------|---------------|---------------|---------------|------------------------------|
| <b>Caregiver Services:</b><br>A unit of service is defined as one hour of staff time in direct client services and can include patient care and enrollment activities. | \$85      | \$323,950     | \$323,950     | \$323,950     | \$971,850                    |
| <b>Service: CQM</b><br>Unit of service defined as one (1) hour of staff time of direct CQM services.   | \$35      | \$17,050      | \$17,050      | \$17,050      | \$51,150                     |
| <b>Total Contract over a three (3) year period</b>   |           | \$341,000     | \$341,000     | \$341,000     | \$1,023,000                  |

*\*To support Continuous Quality Management (CQM) activities, approved CQM expenses cannot exceed 5% of the Total Contract/Program Award.*

Unit Cost expenses shall mean the actual expenses as authorized by the COUNTY pursuant to this Agreement, and reasonably incurred by AGENCY directly in connection with AGENCY'S performance of its duties and Scope of Work pursuant to this Agreement. AGENCY will sustain the program for the full Agreement period regardless of the rate of expenditure of above funds.

The AGENCY is allowed to expend up funds for initial Non-Profits First certification or for the annual renewal fee every year of the Agreement. This option exercised by the AGENCY will be taken from the approved budget thus reducing the number of units to be provided. Certification is a requirement of contracting with the COUNTY as referenced in Article 17 of this Agreement.

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000005197

**Entity Name:** ALZHEIMER'S COMMUNITY CARE, INC.**Current Principal Place of Business:**1615 FORUM PLACE, 5TH FLOOR  
WEST PALM BEACH, FL 33401**Current Mailing Address:**1615 FORUM PLACE, 5TH FLOOR  
WEST PALM BEACH, FL 33401 US**FEI Number:** 31-1481653**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JONES FOSTER SERVICE LLC  
505 SOUTH FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH, FL 33401 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                             |                 |                                   |
|-----------------|-----------------------------|-----------------|-----------------------------------|
| Title           | DIRECTOR, TREASURER         | Title           | CHAIRMAN                          |
| Name            | JOHNSON, RANDY KSR.         | Name            | SHALLOWAY, G. MARK                |
| Address         | 1900 W. 23RD STREET         | Address         | 1400 CENTRE PARK BLVD.<br>STE 600 |
| City-State-Zip: | RIVIERA BEACH FL 33404      | City-State-Zip: | WEST PALM BEACH FL 33401          |
| Title           | DIRECTOR/PRESIDENT AND CEO  | Title           | IMMEDIATE PAST CHAIR              |
| Name            | FRANKLIN, DAVID S           | Name            | GORMAN, ROBERT ESQ.               |
| Address         | 1615 FORUM PLACE, 5TH FLOOR | Address         | 3300 TWIN LAKES TERRACE<br>#204   |
| City-State-Zip: | WEST PALM BEACH FL 33401    | City-State-Zip: | FORT PIERCE FL 34951              |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.***SIGNATURE:** DAVID FRANKLIN

PRESIDENT &amp; CEO

01/13/2025

Electronic Signature of Signing Officer/Director Detail

Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/02/2025

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   |  | CONTACT NAME: Anna Hook                             |                               |
| The Beacon Group, Inc.<br>6001 Broken Sound Pkwy., N.W.<br>Suite 500<br>Boca Raton   |  | PHONE (A/C, No. Ext): (561) 994-9994                | FAX (A/C, No): (561) 997-7087 |
|  |  | E-MAIL ADDRESS: ahook@beacongroupinc.com            |                               |
|  |  | INSURER(S) AFFORDING COVERAGE                       |                               |
|  |  | INSURER A: Philadelphia Indemnity Insurance Company | NAIC # 18058                  |
| INSURED  |  | INSURER B:  |                               |
| Alzheimer's Community Care, Inc.<br>1615 Forum Place<br>5th Floor<br>West Palm Beach |  | INSURER C:  |                               |
|  |  | INSURER D:  |                               |
|  |  | INSURER E:  |                               |
|  |  | INSURER F:  |                               |

COVERAGES      CERTIFICATE NUMBER: 25/26 Liab      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   | ADD'L SUBR<br>INSD WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                              |              |
|---|---|------------------------|----------------|-------------------------|-------------------------|-------------------------------------|--------------|
| A   | COMMERCIAL GENERAL LIABILITY<br><br>X CLAIMS-MADE <input type="checkbox"/> OCCUR  | Y                      | PHPK2591263016 | 08/15/2025              | 08/15/2026              | EACH OCCURRENCE                     | \$ 1,000,000 |
|   | DAMAGE TO RENTED PREMISES (EA occurrence)   |                        |                |                         |                         | \$ 100,000                          |              |
|   | MED EXP (Any one person)  |                        |                |                         |                         | \$ 5,000                            |              |
|   | PERSONAL & ADV INJURY   |                        |                |                         |                         | \$ 1,000,000                        |              |
| GEN'L AGGREGATE LIMIT APPLIES PER:<br><br>X POLICY <input type="checkbox"/> PRO-<br>JECT <input type="checkbox"/> LOC | GENERAL AGGREGATE   | \$ 3,000,000           |                |                         |                         |                                     |              |
| OTHER:  | PRODUCTS - COMP/OP AGG  | \$ 3,000,000           |                |                         |                         |                                     |              |
|   |   |                        |                |                         |                         |                                     |              |
| A   | AUTOMOBILE LIABILITY<br><br>X ANY AUTO<br>OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br>HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                     | Y                      | PHPK2591263016 | 08/15/2025              | 08/15/2026              | COMBINED SINGLE LIMIT (EA accident) | \$ 1,000,000 |
|   | BODILY INJURY (Per person)  |                        |                |                         |                         | \$                                  |              |
|   | BODILY INJURY (Per accident)  |                        |                |                         |                         | \$                                  |              |
|   | PROPERTY DAMAGE (Per accident)  |                        |                |                         |                         | \$                                  |              |
|   |   |                        |                |                         |                         |                                     |              |
| A   | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  |                        | PHUB877725016  | 08/15/2025              | 08/15/2026              | EACH OCCURRENCE                     | \$ 4,000,000 |
|   | AGGREGATE   |                        |                |                         |                         | \$ 4,000,000                        |              |
|   |   |                        |                |                         |                         |                                     |              |
|   | DED <input type="checkbox"/> RETENTION \$ 10,000  |                        |                |                         |                         |                                     |              |
|   |   |                        |                |                         |                         |                                     |              |
|   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | Y / N                  | N / A          |                         |                         | PER STATUTE                         | OTHE-<br>R   |
|   |   |                        |                |                         |                         | E.I. EACH ACCIDENT                  | \$           |
|   |   |                        |                |                         |                         | E.I. DISEASE - EA EMPLOYEE          | \$           |
|   |   |                        |                |                         |                         | E.I. DISEASE - POLICY LIMIT         | \$           |
| A   | Professional Liability  |                        | PHPK2591263016 | 08/15/2025              | 08/15/2026              | Each Incident                       | 1,000,000    |
|   |   |                        |                |                         |                         | Aggregate                           | 3,000,000    |

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

Per policy terms and conditions. Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees, and Agents are an additional insured under the general liability policy when required by written contract, subject to the terms, conditions, and exclusions of the policy.

Please note: Per the Office of Insurance Regulations and our Errors & Omissions insurance carrier, our agency is no longer allowed to "alter" the Certificates of Insurance to show the specific wording in the Description box of the certificates pertaining to policy terms and conditions. We are only allowed to provide you with a copy of the actual policy form as they apply to each policy.

## CERTIFICATE HOLDER

## CANCELLATION

Palm Beach County Board of County Commissioners  
Community Service Department  
810 Datura Street  
West Palm Beach

FL 33401

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

EDBB203

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/8/2026

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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<br>Acentria Insurance - West Palm Beach<br>1401 Forum Way   4th Floor<br>West Palm Beach FL 33401 | CONTACT<br>NAME: Randi Arnold                 |                                |
|  | PHONE<br>(A/C, No. Ext): 954-735-5500         | FAX<br>(A/C, No): 561-964-9401 |
| INSURED<br>Alzheimer's Community Care, Inc<br>1615 Forum Place 5th Floor<br>West Palm Beach FL 33401       | E-MAIL<br>ADDRESS: requests@acentria.com      |                                |
|  | INSURER(S) AFFORDING COVERAGE                 | NAIC #                         |
|  | INSURER A: Technology Insurance Company, Inc. | 42376                          |
|  | INSURER B:                                    |                                |
|  | INSURER C:                                    |                                |
|  | INSURER D:                                    |                                |
| INSURER E:   |   |                                |
| INSURER F:   |   |                                |

## COVERAGES

CERTIFICATE NUMBER: 698113034

## 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<br>LTR | TYPE OF INSURANCE  | ADD'L SUBR<br>INS'D WVD                 | POLICY NUMBER | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS  |
|-------------|--|---|---------------|----------------------------|----------------------------|---|
|             | COMMERCIAL GENERAL LIABILITY<br><br>CLAIMS-MADE <input type="checkbox"/> OCCUR   |   |               |                            |                            | EACH OCCURRENCE<br>DAMAGE TO RENTED<br>PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>\$ |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY <input type="checkbox"/> PRO-<br>JECT <input type="checkbox"/> LOC<br>OTHER:  |   |               |                            |                            |   |
|             | AUTOMOBILE LIABILITY<br><br>ANY AUTO<br>OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br>HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                |   |               |                            |                            | COMBINED SINGLE LIMIT<br>(Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE<br>(Per accident)<br>\$                           |
|             | UMBRELLA LIAB<br>EXCESS LIAB   | OCCUR<br>CLAIMS-MADE                    |               |                            |                            | EACH OCCURRENCE<br>AGGREGATE<br>\$  |
| A           | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE<br>OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH)<br>If yes, describe under<br>DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> Y / N<br>N / A | TWC4715626    | 1/1/2026                   | 1/1/2027                   | X PER<br>STATUTE<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT<br>\$ 1,000,000<br>\$ 1,000,000<br>\$ 1,000,000                       |

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

## CERTIFICATE HOLDER

## CANCELLATION

|   |  |
|---|--|
| Palm Beach County Board of County Commissioners<br>C/O Dept. of Community Services<br>Attn: Contract Manager<br>810 Datura Street<br>West Palm Beach FL 33401 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |
|   | AUTHORIZED REPRESENTATIVE<br>  |

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**FIRST AMENDMENT TO AGREEMENT FOR PROVISION OF FINANCIAL ASSISTANCE**

THIS FIRST AMENDMENT TO AGREEMENT FOR PROVISION OF FINANCIAL ASSISTANCE (Amendment) is made on this 3<sup>rd</sup> day of February, 2026, by and between Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of County Commissioners, hereinafter referred to as the COUNTY, and **Habilitation Center for the Handicapped, 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 **59-1859543**.

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

**WHEREAS**, on October 21, 2025, the above-named parties entered into an Agreement for Provision of Financial Assistance (R2025-1550) (the Agreement), in an amount not to exceed \$675,000 to provide certain services under the Economic Stability service category; and

**WHEREAS**, the need exists to amend the Agreement in accordance with the terms set forth below.

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- I. The foregoing recitals are true and correct, and incorporated herein by reference.
- II. The second and third paragraph in **ARTICLE 4 -PAYMENTS TO AGENCY** is amended to read as follows:

The AGENCY will bill the COUNTY on a quarterly basis, or as otherwise provided, at the amounts set forth in **EXHIBIT - B-1** for services rendered toward the completion of the Scope of Work. Where incremental billings for partially completed items are permitted, the total billings shall not exceed the estimated percentage of completion as of the billing date.

The program and unit cost definitions for this Contract year are set forth in **EXHIBIT - B-1**. All requests for payments of this Contract shall include an original cover memo on AGENCY letterhead signed by the Chief Executive Officer, Chief Financial Officer, or their designee.

- III. **EXHIBIT B** is hereby replaced in its entirety by **EXHIBIT B-1**, attached hereto and incorporated herein by reference.
- IV. All other provisions of the Agreement not modified in this First 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 Amendment on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:

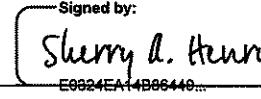
MICHAEL A. CARUSO  
CLERK of the CIRCUIT COURT &  
COMPTROLLER

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

BY: \_\_\_\_\_  
Deputy Clerk

BY: \_\_\_\_\_  
Sara Baxter, Mayor

AGENCY:  
Habilitation Center for the Handicapped, Inc.

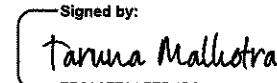
BY:   
Sherry A. Henry  
E0024EA14B86440...  
Authorized Signature

Sherry A. Henry  
AGENCY'S Signatory Name Typed

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

BY:   
Jessica Boker Rosenthal  
A2EF4B6BAAE5427  
Assistant County Attorney

APPROVED AS TO TERMS AND CONDITIONS  
Community Services Department

BY:   
Taruna Malhotra  
75C93F78A8FED4B2  
Department Director

**FY 2026-2028 FINANCIAL ASSISTANCE AGENCIES  
UNITS OF SERVICE RATE AND DEFINITION**

**Agency:** Habilitation Center for the Handicapped, Inc.,  
**Program 1 Name:** Life Skills Training and Supported Employment for Adults with Special  
 Needs/Disabilities for Economic Stability and Continuous Quality  
 Management (CQM)

| <b>Service Name and<br/>Definition of Unit of Service</b>   | <b>Unit Cost</b> | <b>Total<br/>FY26</b> | <b>Total<br/>FY27</b> | <b>Total<br/>FY28</b> | <b>Total 3 Year<br/>Contract<br/>Amount</b> |
|---|------------------|-----------------------|-----------------------|-----------------------|---|
| <b>Service: Case Management and<br/>Direct Services</b><br>Unit of service defined as one (1)<br>hour of staff time of direct client<br>services. | \$40             | \$47,619              | \$47,619              | \$47,619              | \$142,857                                   |
| <b>Service: CQM Services</b><br>Unit of service is defined as one<br>(1) hour of staff time of direct<br>CQM services.                            | \$35             | \$2,381               | \$2,381               | \$2,381               | \$7,143                                     |
| <b>Program 1 Sub Total</b>  |                  | <b>\$50,000</b>       | <b>\$50,000</b>       | <b>\$50,000</b>       | <b>\$150,000</b>                            |

**Program 2 Name:** Day Program for Palm Beach County Adults with Intellectual  
 Developmental Disabilities and Continuous Quality Management (CQM)

| <b>Service Name and<br/>Definition of Unit of Service</b>  | <b>Unit Cost</b> | <b>Total<br/>FY26</b> | <b>Total<br/>FY27</b> | <b>Total<br/>FY28</b> | <b>Total 3 Year<br/>Contract<br/>Amount</b> |
|--|------------------|-----------------------|-----------------------|-----------------------|---|
| <b>Service: Case Management and<br/>Direct Services</b><br>Unit of service defined as one (1)<br>calendar day of client attendance | \$12             | \$166,666             | \$166,666             | \$166,666             | \$499,998                                   |

|  |      |           |           |           |           |
|--|------|-----------|-----------|-----------|-----------|
| <b>Service: CQM Services</b><br>Unit of service is defined as one (1) hour of staff time of direct CQM services. | \$35 | \$8,334   | \$8,334   | \$8,334   | \$25,002  |
| <b>Program 2 Sub Total</b>   |      | \$175,000 | \$175,000 | \$175,000 | \$525,000 |
| <b>Total Contract over a three (3) year period</b>   |      | \$225,000 | \$225,000 | \$225,000 | \$675,000 |

*\*To support Continuous Quality Management (CQM) activities, approved CQM expenses cannot exceed 5% of the Total Contract/Program Award.*

Actual Cost/Unit Cost expenses shall mean expenses authorized by the COUNTY pursuant to this Agreement, and reasonably incurred by AGENCY directly in connection with AGENCY'S performance of its duties and Scope of Work pursuant to this Agreement. AGENCY will sustain the program for the full Agreement period regardless of the rate of expenditure of above funds.

The AGENCY is allowed to expend funds for initial Non-Profits First certification or for the annual renewal fee every year of the Agreement. This option exercised by the AGENCY will be taken from the approved budget thus reducing the number of units to be provided. Certification is a requirement of contracting with the COUNTY as referenced in Article 17 of this Agreement.

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744681

**Entity Name:** HABILITATION CENTER FOR THE HANDICAPPED, INC.**Current Principal Place of Business:**22313 BOCA RIO ROAD  
BOCA RATON, FL 33433**Current Mailing Address:**22313 BOCA RIO ROAD  
BOCA RATON, FL 33433**FEI Number: 59-1859543****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**HENRY, SHERRY CHIEF EXECUTIVE OFFICER  
22313 BOCA RIO RD  
BOCA RATON, FL 33433 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE: SHERRY HENRY**

01/14/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                        |                 |                              |
|-----------------|------------------------|-----------------|------------------------------|
| Title           | PRESIDENT              | Title           | CHIEF EXECUTIVE OFFICER, CEO |
| Name            | CAMBIA, BARBARA        | Name            | HENRY, SHERRY                |
| Address         | 22313 BOCA RIO ROAD    | Address         | 22313 BOCA RIO ROAD          |
| City-State-Zip: | BOCA RATON FL 33433    | City-State-Zip: | BOCA RATON FL 33433          |
| Title           | TREASURER              | Title           | CFO                          |
| Name            | SHIKIAR, MINDY SLOANE  | Name            | OWEN, DANIEL                 |
| Address         | 22313 BOCA RIO ROAD    | Address         | 22313 BOCA RIO ROAD          |
| City-State-Zip: | BOCA RATON FL 33433    | City-State-Zip: | BOCA RATON FL 33433          |
| Title           | ACCOUNTING MANAGER     | Title           | SECRETARY                    |
| Name            | REECE, MALVORY         | Name            | HENRY, SHERRY                |
| Address         | 8319 BERMUDA SOUND WAY | Address         | 22313 BOCA RIO ROAD          |
| City-State-Zip: | BOYNTON BEACH FL 33436 | City-State-Zip: | BOCA RATON FL 33433          |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.***SIGNATURE: MALVORY REECE**

ACCOUNTING MANAGER 01/14/2025

Electronic Signature of Signing Officer/Director Detail

Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/19/2025

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<br>Acrisure Southeast Partners Insurance Services, LLC<br>1317 Citizens Blvd<br>Leesburg FL 34748 |  | CONTACT<br>NAME:<br>PHONE<br>(A/C, No, Ext): 800-845-8437<br>E-MAIL<br>ADDRESS: |        |
|  |  | INSURER(S) AFFORDING COVERAGE   | NAIC # |
| INSURED<br>Habilitation Center for the Handicapped Inc<br>22313 Boca Rio Road<br>Boca Raton FL 33433       |  | INSURER A: Atain Insurance Company  | 29033  |
|  |  | INSURER B: Progressive Casualty Insurance Company                               | 24260  |
|  |  | INSURER C: Kinsale Insurance Company  | 38920  |
|  |  | INSURER D: Federal Insurance Company  | 20281  |
|  |  | INSURER E:  |        |
|  |  | INSURER F:  |        |

| COVERAGES   |  | CERTIFICATE NUMBER: 451474092 |             | 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<br>LTR   | TYPE OF INSURANCE  | ADDL<br>INSD                  | SUBR<br>WWD | POLICY NUMBER          | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS                                       |                        |
| A   | COMMERCIAL GENERAL LIABILITY<br><br>CLAIMS-MADE <input type="checkbox"/> OCCUR   | Y                             |             | ABKG200000205          | 6/1/2025                   | 6/1/2026                   | EACH OCCURRENCE                              | \$ 1,000,000           |
|   |  |                               |             |                        |                            |                            | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$ 100,000             |
|   |  |                               |             |                        |                            |                            | 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           |
| OTHER:  | \$   |                               |             |                        |                            |                            |  |                        |
| B   | AUTOMOBILE LIABILITY<br><br>ANY AUTO<br>OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br>Hired AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY          |                               |             | 998193204              | 6/1/2025                   | 6/1/2026                   | COMBINED SINGLE LIMIT<br>(Ea accident)       | \$ 1,000,000           |
|   |  |                               |             |                        |                            |                            | BODILY INJURY (Per person)                   | \$                     |
|   |  |                               |             |                        |                            |                            | BODILY INJURY (Per accident)                 | \$                     |
|   |  |                               |             |                        |                            |                            | PROPERTY DAMAGE<br>(Per accident)            | \$                     |
|   |  |                               |             |                        |                            |                            | PIP  | \$ 10,000              |
| C   | UMBRELLA LIAB<br><br>EXCESS LIAB<br><br>DED RETENTION \$   |                               |             | 01003744000            | 6/1/2025                   | 6/1/2026                   | EACH OCCURRENCE                              | \$ 4,000,000           |
|   |  |                               |             |                        |                            |                            | AGGREGATE                                    | \$                     |
|   |  |                               |             |                        |                            |                            | PER<br>STATUTE                               | OTH-<br>ER             |
|   |  |                               |             |                        |                            |                            | E.L. EACH ACCIDENT                           | \$                     |
|   |  |                               |             |                        |                            |                            | E.L. DISEASE - EA EMPLOYEE                   | \$                     |
| E.L. DISEASE - POLICY LIMIT   | \$   |                               |             |                        |                            |                            |  |                        |
| D   | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE<br>OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH)<br>If yes, describe under<br>DESCRIPTION OF OPERATIONS below | Y/N                           | N/A         |                        |                            |                            |  |                        |
| D   | Crime<br>Professional Liability  |                               |             | J0694906A<br>J06903848 | 9/3/2025<br>6/1/2025       | 6/1/2026<br>6/1/2026       | General Aggregate<br>General Aggregate       | 1,000,000<br>3,000,000 |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)<br>Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees, and Agents are included as additional insureds for the general liability policy as required by written contract, subject to the terms, conditions, and exclusions of the policy.                                       |  |                               |             |                        |                            |                            |  |                        |

|   |  |  |  |
|---|--|--|--|
| CERTIFICATE HOLDER  |  | CANCELLATION   |  |
| Palm Beach County Board of County Commissioners<br>c/o Dept. of Community Services<br>810 Datura Street<br>Attn: Contract Manager<br>West Palm Beach FL 33401 |  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |  |
|   |  | AUTHORIZED REPRESENTATIVE<br>  |  |

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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<br>CBIZ Insurance Services, Inc.<br>3300 PGA Blvd, Suite 100<br>Palm Beach Gardens, FL 33410<br>561 683-8383 | CONTACT NAME: <b>Allison Andersen</b>                     |                |
|   | PHONE (A/C, No, Ext): <b>561 278-0448</b>                 | FAX (A/C, No): |
|   | E-MAIL: <b>Allison.Andersen@cbiz.com</b>                  |                |
|   | INSURER(S) AFFORDING COVERAGE                             | NAIC #         |
|   | INSURER A: <b>Associated Industries Insurance Company</b> | <b>23140</b>   |
| INSURED<br>Habilitation Center for the Handicapped, Inc.<br>22313 Boca Rio Road<br>Boca Raton, FL 33433               | INSURER B:  |                |
|   | INSURER C:  |                |
|   | INSURER D:  |                |
|   | INSURER E:  |                |
|   | INSURER F:  |                |
|   |   |                |

|  |   |   |               |                         |  |
|--|---|---|---------------|-------------------------|--|
| COVERAGES  |   | CERTIFICATE NUMBER:                                     |               | REVISION NUMBER:        |  |
| <p>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.</p> |   |   |               |                         |  |
| INSR LTR   | TYPE OF INSURANCE   | ADD'L SUBR INSR WVD                                     | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY)  |
|  | COMMERCIAL GENERAL LIABILITY  |   |               |                         | LIMITS   |
|  | CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>   |   |               |                         | EACH OCCURRENCE \$   |
|  |   |   |               |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$                                     |
|  |   |   |               |                         | MED EXP (Any one person) \$  |
|  |   |   |               |                         | PERSONAL & ADV INJURY \$   |
|  |   |   |               |                         | GENERAL AGGREGATE \$   |
|  |   |   |               |                         | PRODUCTS - COMP/OP AGG \$  |
|  |   |   |               |                         | OTHER: \$  |
|  | AUTOMOBILE LIABILITY  |   |               |                         | COMBINED SINGLE LIMIT (Ea accident) \$   |
|  | ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/>   |   |               |                         | BODILY INJURY (Per person) \$  |
|  | Hired AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>   |   |               |                         | BODILY INJURY (Per accident) \$  |
|  |   |   |               |                         | PROPERTY DAMAGE (Per accident) \$  |
|  |   |   |               |                         | \$   |
|  | UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/>   |   |               |                         | EACH OCCURRENCE \$   |
|  | EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>   |   |               |                         | AGGREGATE \$   |
|  | DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>  |   |               |                         | \$   |
| A  | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   | <input type="checkbox"/> Y / <input type="checkbox"/> N | AWC1214899    | 03/31/2025              | 03/31/2026 C <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER |
|  | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N / A   |               |                         | E.L. EACH ACCIDENT \$1,000,000   |
|  |   |   |               |                         | 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 Schedule, may be attached if more space is required)   |   |   |               |                         |  |
| ** Supplemental Name **  |   |   |               |                         |  |
| First Supplemental Name applies to all policies - Habilitation Center for the Handicapped, Inc.  |   |   |               |                         |  |

|  |  |  |  |
|--|--|--|--|
| CERTIFICATE HOLDER   |  | CANCELLATION   |  |
| Palm Beach County Board of<br>County Commissioners<br>301 North Olive Avenue, 10th<br>Floor<br>West Palm Beach, FL 33401 |  | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> |  |

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