

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: February 3, 2026 [ X ] 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.

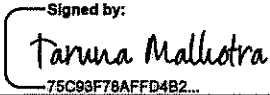
Summary: These Amendments revise and replace Exhibit B with Exhibit B-1 to align with the approved programmatic budgets and reflect actual cost reimbursement up to the contractual limit. The ACC amendment is to appropriately allocate funds to the respective programs. After full execution of the Agreement, 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

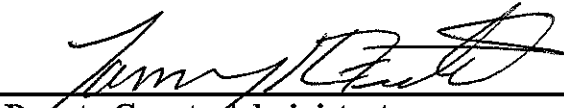
Recommended By: 

Signed by:  
  
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1/12/2026

  
Department Director Date

Approved By: 



1/21/26

  
Deputy County Administrator 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)					
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Is Item Included In Current Budget? Yes X No       
Does this item include the use of Federal funds? Yes      No X  
Does this item include the use of State funds? Yes      No X

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: 

DocuSigned by:  
Julie Dowe  
06A09C7006B04A1...

Julie Dowe, Director, Financial & Support Services

III. REVIEW COMMENTS

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

OFMB

1/14/2026

ESW 1-14-26

Contract Development and Control

1/15/26

26 1.15.26

B. Legal Sufficiency:

Assistant County Attorney

1/20/26

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 3<sup>rd</sup> day of February, 202~~5~~<sup>6</sup>, 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  
61DA343A43124BF...  
Authorized Signature

David Franklin  
\_\_\_\_\_  
AGENCY'S Signatory Name Typed

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND CONDITIONS  
Community Services Department

Signed by:  
BY: Jessica Boher Rosenthal  
A2EF408BAAF6427...  
Assistant County Attorney

Signed by:  
BY: Taruna Mallotra  
75C93F78AFTB4B2...  
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> 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> 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> 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> 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 CENTREPARK BLVD. STE 600
City-State-Zip:	RIVIERA BEACH FL 33404	City-State-Zip:	WEST PALM BEACH FL 33401
Title	DIRECTOR/PRESIDENT AND CEO	Title	IMMIDIATE PAST CHAIR
Name	FRANKLIN, DAVID S	Name	GORMAN, ROBERT ESQ.
Address	1615 FORUM PLACE, 5TH FLOOR	Address	3300 TWIN LAKES TERRACE #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 & CEO 01/13/2025  
Electronic Signature of Signing Officer/Director Detail Date

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





**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.

**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:  
Habilitation Center for the Handicapped, Inc.

BY: 

Signed by:  
*Sherry A. Henry*  
E9924EA14B86440...

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Sherry A. Henry  
AGENCY'S Signatory Name Typed

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND CONDITIONS  
Community Services Department

BY: 

Signed by:  
*Jessica Boher Rosenthal*  
A2EF4B6BAAEF5427

\_\_\_\_\_  
Assistant County Attorney

BY: 

Signed by:  
*Taruna Malhotra*  
75C83F78AEFD4B2

\_\_\_\_\_  
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)

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

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

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

<b>Service: CQM Services</b> 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 Acrisure Southeast Partners Insurance Services, LLC 1317 Citizens Blvd Leesburg FL 34748	CONTACT NAME: PHONE (A/C, No, Ext): 800-845-8437 FAX (A/C, No): E-MAIL: ADDRESS:
	INSURER(S) AFFORDING COVERAGE INSURER A : Atain Insurance Company INSURER B : Progressive Casualty Insurance Company INSURER C : Kinsale Insurance Company INSURER D : Federal Insurance Company INSURER E : INSURER F :
INSURED HABICEN-01 Habilitation Center for the Handicapped Inc 22313 Boca Rio Road Boca Raton FL 33433	License#: BR-1796553 NAIC #

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 LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<div>COMMERCIAL GENERAL LIABILITY</div> <div><div>CLAIMS-MADE</div><div>OCCUR</div></div> <div>GEN'L AGGREGATE LIMIT APPLIES PER: <div>POLICY</div><div><input checked="" type="checkbox"/> PRO-JECT</div><div>LOC</div><div>OTHER:</div></div>	Y	ABKG200000205	6/1/2025	6/1/2026	<div>EACH OCCURRENCE</div> <div>\$ 1,000,000</div> <div>DAMAGE TO RENTED PREMISES (Ea occurrence)</div> <div>\$ 100,000</div> <div>MED EXP (Any one person)</div> <div>\$ 5,000</div> <div>PERSONAL &amp; ADV INJURY</div> <div>\$ 1,000,000</div> <div>GENERAL AGGREGATE</div> <div>\$ 2,000,000</div> <div>PRODUCTS - COMP/OP AGG</div> <div>\$ 2,000,000</div> <div></div> <div>\$</div>
B	<div>AUTOMOBILE LIABILITY</div> <div><div>ANY AUTO</div><div><input checked="" type="checkbox"/> OWNED AUTOS ONLY</div><div><input checked="" type="checkbox"/> HIRED AUTOS ONLY</div><div><input checked="" type="checkbox"/> SCHEDULED AUTOS</div><div><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY</div></div>		998193204	6/1/2025	6/1/2026	<div>COMBINED SINGLE LIMIT (Ea accident)</div> <div>\$ 1,000,000</div> <div>BODILY INJURY (Per person)</div> <div>\$</div> <div>BODILY INJURY (Per accident)</div> <div>\$</div> <div>PROPERTY DAMAGE (Per accident)</div> <div>\$</div> <div>PIP</div> <div>\$ 10,000</div>
C	<div>UMBRELLA LIAB</div> <div><div>EXCESS LIAB</div><div>OCCUR</div><div>CLAIMS-MADE</div></div> <div>DED</div> <div>RETENTION \$</div>		01003744000	6/1/2025	6/1/2026	<div>EACH OCCURRENCE</div> <div>\$ 4,000,000</div> <div>AGGREGATE</div> <div>\$</div> <div></div> <div>\$</div> <div>PER STATUTE</div> <div>OTH-ER</div>
	<div>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</div> <div>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</div> <div>If yes, describe under DESCRIPTION OF OPERATIONS below</div> <div>Y / N</div> <div>N / A</div>					<div>E.L. EACH ACCIDENT</div> <div>\$</div> <div>E.L. DISEASE - EA EMPLOYEE</div> <div>\$</div> <div>E.L. DISEASE - POLICY LIMIT</div> <div>\$</div>
D	<div>Crime</div> <div>Professional Liability</div>		J0694906A J06903848	9/3/2025 6/1/2025	6/1/2026 6/1/2026	<div>General Aggregate</div> <div>1,000,000</div> <div>General Aggregate</div> <div>3,000,000</div>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
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 c/o Dept. of Community Services 810 Datura Street Attn: Contract Manager 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 

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

CBIZ Insurance Services, Inc.  
3300 PGA Blvd, Suite 100  
Palm Beach Gardens, FL 33410  
561 683-8383

CONTACT NAME: Allison Andersen

PHONE (A/C, No, Ext): 561 278-0448

FAX (A/C, No):

E-MAIL ADDRESS: Allison.Andersen@cbiz.com

INSURER(S) AFFORDING COVERAGE

INSURER A : Associated Industries Insurance Company

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

NAIC #

23140

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$
	<input type="checkbox"/>	CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$
	<input type="checkbox"/>	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:								\$
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/>	ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS NON-OWNED AUTOS ONLY				BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	HIRED AUTOS ONLY	<input type="checkbox"/>					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/>		<input type="checkbox"/>					PROPERTY DAMAGE (Per accident)	\$
									\$
	<input type="checkbox"/>	UMBRELLA LIAB	<input type="checkbox"/>	OCCUR				EACH OCCURRENCE	\$
	<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE	\$
	<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				AWC1214899	03/31/2025	03/31/2026	C PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N	N/A				E.L. EACH ACCIDENT	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							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

Palm Beach County Board of  
County Commissioners  
301 North Olive Avenue, 10th  
Floor  
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