

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERSAGENDA ITEM SUMMARY

Meeting Date: August 15, 2006

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

Department: Facilities Development & Operations

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: a First amendment to the agreement with Columbia Palms West Hospital Limited Partnership d/b/a Palms West Hospital (R2003-1611).

Summary: The Agreement, which provides the terms and conditions under which Palms West can program into its radios and utilize the countywide and EMS common talk groups for certain types of inter-agency communications, will expire on October 7, 2006. The agreement provides for 3 three - year renewals that require approval by both parties. Palms West has approved a renewal to extend the term of the agreement until October 7, 2009. The renewal now requires Board approval. The terms of the agreement are standard and have been offered to other hospitals and EMS providers. There are no charges associated with this agreement. Palms West is required to pay all costs associated with subscriber units and to comply with the established operating procedures for the System. The Agreement may be terminated by either party, with or without cause. (FDO/ESS) Countywide (JM)

Background and Justification: The Agreement between the County and Palms West, which provides the terms and conditions under which Palms West can program into its radios and utilize the countywide and EMS common talk groups for certain types of inter-agency communications, is set to expire on October 7, 2006. The agreement provides for three (3) year renewals but renewals require approval by both parties. Palms West has approved a renewal to extend the term of the agreement until October 7, 2009. The renewal now requires Board approval.

Attachments:
First Amendment

Recommended By: Annmy Wong 7/26/06
Department Director Date

Approved by: [Signature] 8/2/06
County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2006	2007	2008	2009	2010
Capital Expenditures	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
Operating Costs	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
External Revenues	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
Program Income	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
(County)					
In-Kind Match (County)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
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 No
 Budget Account No: Fund ___ Dept ___ Unit ___ Object ___ Reporting Category ___

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

There is no fiscal impact associated with this item.

C. Departmental Fiscal Review:

III. REVIEW COMMENTS:

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

Jan Dink 8-1-06
 OFMB
 8/1/06
 7-28-06

John Webster 8/2/06
 Contract Dev. and Control

B. Legal Sufficiency:

Monica Jones
 Assistant County Attorney

This amendment complies with our review requirements.

C. Other Department Review:

N/A

FIRST AMENDMENT TO INTERLOCAL AGREEMENT

THIS FIRST AMENDMENT to Agreement R2003-1611, dated October 7, 2003, is made as of _____, 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 Columbia Palms West Hospital Limited Partnership d/b/a Palms West Hospital, a Delaware corporation ("Hospital"), with a federal tax id number of 62-1694178.

In consideration of the mutual promises contained herein, the County and Hospital agree as follows:

- 1. The term of Agreement R2003-1611, set to expire on October 7, 2006, shall be extended to October 7, 2009.
2. All other terms of Agreement R2003-1611 remain unmodified and 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 Hospital has hereunto set its hand the day and year above written.

SHARON R. BOCK,
CLERK & COMPROLLER

PALM BEACH COUNTY, FLORIDA BY ITS
BOARD OF COUNTY COMMISSIONERS

By: _____
Deputy Clerk

By: _____
Tony Masilotti, Chair

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS
AND CONDITIONS

By: _____
Asst. County Attorney

By: [Signature]
Director Facilities Dev & Operations

ATTEST:

HOSPITAL:

By: [Signature]
Witness Signature

By: [Signature]
Signature

[Signature]
Name (Type or Print)

P.J. CONNOR, Chief Operating Officer
Name and Title (Type or Print)

By: [Signature]
Witness Signature

Corporate Seal

[Signature]
Name (Type or Print)



Health Care Indemnity, Inc.
P.O. Box 555
Nashville, TN 37202-0555
Phone: 615/344-5847
Fax: 615/344-5889

CERTIFICATE OF INSURANCE

DATE: 1/1/2006
COI#: 3450

This is to certify to:
(Name of Certificate Holder)

Palm Beach County/Facilities Development & Operations Department/Attn: Director
3200 Belvedere Road Bldg 1169
West Palm Beach FL 33406

that the described insurance coverages as provided by the indicated policy has been issued to:

Named Insured: HCA INC AND SUBSIDIARY ORGANIZATIONS
Address: EXISTING NOW OR HEREAFTER CREATED OR ACQUIRED
ONE PARK PLAZA
NASHVILLE, TN 37202-0550

The Policy identified below by a policy number is in force on the date of Certificate Issuance. Insurance is afforded only with respect to those coverages for which a specific limit of liability has been entered and is subject to all the terms of the Policy having reference thereto. This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded under any policy identified herein.

POLICY NO.	POLICY PERIOD
HCI-10106	Eff. 1-1-2006 Exp. 1-1-2007

TYPE OF INSURANCE	LIMITS OF LIABILITY
Comprehensive General Liability - Occurrence Form ● Bodily Injury ● Property Damage ● Products and Completed Operations ● Personal and Advertising Injury	\$1,000,000 Each and Every Occurrence \$3,000,000 Aggregate
Health Care Professional Liability - Occurrence Form	Each and Every Occurrence Aggregate

SPECIAL CONDITIONS/OTHER

THE NAMED INSURED INCLUDES COLUMBIA PALMS WEST HOSPITAL, LP D/B/A PALMS WEST HOSPITAL COID 37940
 Grove Shopping Centers, Ltd., Stiles Property Management Company as agent and Palm Beach County, a political subdivision of the State of Florida, its officers, agents, and employees are named additional insured as respects the general liability portion of this policy as the named insured's interest appears in the lease agreement for space at 5084 Seminole Pratt Whitney Road, The Acreage, FL.

Revised: 3/10/2004

Cancellation: Should any of the above described policies be canceled before the expiration date thereof, the issuing company will endeavor to mail ninety days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

Counter-signed (Authorized Signature)

Authorized Signature

ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER: (615)665-1955 FAX (615)665-1966
 RLH Agency, LLC
 30 Burton Hills Blvd.
 Suite 310
 Nashville, TN 37215

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
 Enterprise Electric, LLC
 7100 Cockrill Bend Blvd.
 Nashville, TN 37209

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: CNA INSURANCE COMPANY	
INSURER B: AIG INSURANCE COMPANY	
INSURER C: COLUMBIA CASUALTY (SCHINNERER)	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L TR. INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJ. <input type="checkbox"/> LOC	2088435357	03/14/2006	03/14/2007	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	2088435391	03/14/2006	03/14/2007	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
B	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	BINDER UM031406	03/14/2006	03/14/2007	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	2088435472	03/14/2006	03/14/2007	<input checked="" type="checkbox"/> WC STATU-JOBY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	OTHER PROFESSIONAL LIABILITY	CZB25-411-53-46	07/17/2005	07/17/2006	\$1,000,000 PER CLAIM \$1,000,000 AGGREGATE \$20,000 SIR

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 EE Job #7014 HCA P.O. 30923-0217 HCA, Inc. is Additional Insured as respects General Liability.

CERTIFICATE HOLDER

Columbia Palms West Hospital Limited Partnership - dba Palms West Hospital
 13001 Southern Blvd.
 Loxahatchee, FL 33470

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE: *[Signature]*