

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: August 15, 2006

Consent  
 Ordinance

Regular  
 Public Hearing

Department: Parks and Recreation

Submitted By: Parks and Recreation Department

Submitted For: Parks and Recreation Department

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I. EXECUTIVE BRIEF

**Motion and Title: Staff recommends motion to approve:** Agreement with Adolph and Rose Levis Jewish Community Center, Inc. for the period August 15, 2006, through September 30, 2006, in an amount not-to-exceed \$20,000 for funding of Camp Kavod.

**Summary:** This funding is to assist with the cost of the Adolph and Rose Levis Jewish Community Center, Inc.'s Camp Kavod summer camp program for students with special needs. The camp serves approximately 40 participants. The Agreement allows for the reimbursement of eligible pre-Agreement expenses incurred subsequent to June 6, 2006. Funding is from the Recreation Assistance Program (RAP). **District 5 (AH)**

**Background and Justification:** Adolph and Rose Levis Jewish Community Center, Inc. is a not-for-profit agency that serves over 40,000 participants in the south Palm Beach area annually through program offerings such as early learning centers, youth and adult classes, sports programs, cultural arts offerings, an Alzheimer's and adult day care center, special needs programs, a thrift shop, and the Community Center summer camp. The non-denominational summer camp program includes Camp Kavod for special needs children between five and eighteen years old. Camp Kavod activities are coordinated by the Community Center's Special Needs Director and are supervised by a compassionate staff of certified exceptional education teachers, paraprofessionals and volunteers. The camp's activities are designed to provide opportunities for physical, emotional and creative expression for the campers.

The program budget for Camp Kavod is \$124,232 for personnel costs, transportation, and other miscellaneous expenses related to the Camp Kavod program. The RAP allocation of \$20,000 from District 5 will help offset the costs for this program. The Agreement has been executed on behalf of Adolph and Rose Levis Jewish Community Center, Inc., and now needs to be approved by the Board of County Commissioners.

Attachment: Agreement

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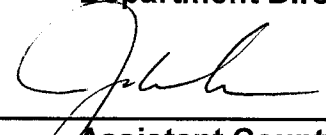
Recommended by:

  
Department Director

Date

7/18/06

Approved by:

  
Assistant County Administrator

Date

7/27/06

**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>20,000</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 (County)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
In-Kind Match (County)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<b>NET FISCAL IMPACT</b>	<b><u>20,000</u></b>	<b><u>-0-</u></b>	<b><u>-0-</u></b>	<b><u>-0-</u></b>	<b><u>-0-</u></b>
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	_____	_____	_____	_____	_____

Is Item Included in Current Budget? Yes X No \_\_\_\_\_  
 Budget Account No.: Fund 3600 Department 583 Unit R905  
 Object 8201 Program N/A

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

Recreation Assistance Program

District 5                      3600-583-R905-059-8201                      \$20,000

**C. Departmental Fiscal Review:** ckopelakis

**III. REVIEW COMMENTS**

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

[Signature] 7.25.06  
 OFMB  
 mg  
 7-24-06  
[Signature] 7/26/06  
 Contract Development and Control

**B. Legal Sufficiency:**

Anne Delgant 7/27/06  
 Assistant County Attorney

This Contract complies with our contract review requirements.

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

**AGREEMENT BETWEEN PALM BEACH COUNTY AND ADOLPH AND ROSE LEVIS  
JEWISH COMMUNITY CENTER, INC. FOR FUNDING OF CAMP KAVOD**

**THIS AGREEMENT** is made and entered into on \_\_\_\_\_, by and between Palm Beach County, a political subdivision of the State of Florida, hereinafter referred to as "County" and Adolph and Rose Levis Jewish Community Center, Inc., a Florida not-for-profit corporation, hereinafter referred to as "Community Center".

**WITNESSETH:**

**WHEREAS**, Community Center serves over 40,000 participants in the south Palm Beach area annually through program offering such as early learning centers, youth and adult classes, sports programs, cultural arts offerings, an Alzheimer's and adult day care center, special needs programs, a thrift shop, and the Community Center summer camp; and

**WHEREAS**, in collaboration with the Palm Beach County School District, Community Center offers the Camp Kavod summer camp program (Program), a non-denominational summer camp program for students with special needs, which operates within the structure of the regular Community Center summer camp program; and

**WHEREAS**, the Program services three groups of special needs children between five and eighteen years of age, with all activities coordinated by the Special Needs Director and supervised by a compassionate staff of certified exceptional education teachers, paraprofessionals and volunteers; and

**WHEREAS**, the total budget for the Program is \$124,232 for personnel costs, transportation, and other miscellaneous expenses related to the Program; and

**WHEREAS**, Community Center has requested that County provide \$20,000 to help offset expenses for the Program; and

**WHEREAS**, funding for the Program in an amount not-to-exceed \$20,000 is available from the Recreation Assistance Program (RAP) District 5; and

**WHEREAS**, recreational and socialization programs for special needs children serve a public benefit; and

**WHEREAS**, both parties desire to enter into this Agreement.

**NOW THEREFORE**, in consideration of the covenants and promises contained herein, the parties hereby agree to the following terms and conditions:

1. County agrees to fund an amount not-to-exceed \$20,000 to Community Center for Program expenses to include personnel costs, transportation, and other miscellaneous expenses related to the Program, as set forth in Exhibit "A", attached hereto and incorporated herein, hereinafter referred to as the "Project".

2. County will use its best efforts to provide said funds to Community Center on a reimbursement basis within forty-five (45) days of receipt of the following information:

a. A written statement that the Project, as specified herein, was carried out in accordance with this Agreement; and

b. A Contract Payment Request Form and a Contractual Services Purchases Schedule Form attached hereto and made a part hereof as Exhibit "B", which are required for each and every reimbursement requested by Community Center. Said information shall list each invoice paid by Community Center and shall include the vendor invoice number; invoice date; and the amount paid by Community Center along with the number and date of the respective check or proof of payment for said payment. Community Center shall attach a copy of each vendor invoice paid by Community Center along with a copy of the respective check or proof of payment and shall make reference thereof to the applicable item listed on the Contractual Services Purchases Schedule. Further, Community Center's Program Administrator and Project Financial Officer shall certify the total funds spent by Community Center on the Project and shall also certify that each vendor invoice, as listed on the Contractual Services Purchases Schedule was paid by Community Center and approved by Community Center as indicated.

3. Community Center incurred expenses for the Project beginning on June 6, 2006. Those costs incurred by Community Center for the Project, approved and submitted accordingly by Community Center subsequent to June 6, 2006, are eligible for reimbursement by County pursuant to the terms and conditions hereof.

4. RAP funds may be used as a match for other local, state, or federal grant programs, but Community Center may not submit reimbursement requests for the same expenses to the County as other fund sources to receive duplicate reimbursement for the same expenses.

5. Community Center warrants that it is an active not-for-profit corporation, duly chartered and registered with the Florida Department of State, Division of Corporations.

6. Community Center agrees, warrants, and represents that all of the employees and participants in the Project will be treated equally during employment and for the

provision of services without regard to residency, race, color, religion, disability, sex, age, national origin, ancestry, marital status, or sexual orientation.

7. Community Center shall be responsible for all costs of operation and maintenance of the Project.

8. The term of this Agreement shall be until September 30, 2006, commencing upon the date of execution by the parties hereto.

9. The parties agree that, in the event Community Center is in default of its obligations under this Agreement, the County shall provide Community Center thirty (30) days written notice to cure the default. In the event Community Center fails to cure the default within the thirty (30) day cure period, the County shall have no further obligation to honor reimbursement requests submitted by Community Center for the Project deemed to be in default and Community Center shall return any County RAP funds already collected by Community Center for that Project.

10. Notwithstanding any provision of this Agreement to the contrary, this Agreement may be terminated by the County, without cause, upon thirty (30) days prior written notice to the other party. This Agreement may be terminated by the County with cause, upon expiration of the thirty (30) day cure period provided for in Section 9 above.

11. Community Center shall complete the Project and shall provide its final reimbursement request(s) and final accounting data to County for the completed project on or before September 30, 2006, commencing upon the date of execution of this Agreement by the parties hereto. Upon written notification to County at least ninety (90) days prior to that date Community Center may request an extension beyond this period for the purpose of completing the Project. County shall not unreasonably deny Community Center's request for said extension.

12. In the event Community Center ceases to exist, or ceases or suspends the Project for any reason, any remaining unpaid portion of this Agreement shall be retained by County, and County shall have no further obligation to honor reimbursement requests submitted by Community Center. The determination that Community Center has ceased or suspended the Project shall be made by County and Community Center agrees to be bound by County's determination.

13. Community Center agrees to abide by, and be governed by, all applicable federal, state, county, and municipal laws, including but not limited to, Palm Beach County's ordinances, as said laws and ordinances exist and are amended from time to

time. In entering into this Agreement, Palm Beach County does not waive the requirements of any County or local ordinance or the requirements of obtaining any permits or licenses normally required to conduct business or activity conducted by Community Center. Failure to comply may result in County's refusal to honor reimbursement requests for the Project.

14. County reserves the right to withhold reimbursement if the Project is not completed as specified in Exhibit "A".

15. It is understood and agreed that Community Center is merely a recipient of County funding and is an independent contractor and is not an agent, servant or employee of County or its Board of County Commissioners. It is further acknowledged that the County only contributes funding under this Agreement and operates no control over the Project. In the event a claim or lawsuit is brought against County or any of its officers, agents or employees, Community Center shall indemnify, save and hold harmless and defend the County, its officers, agents, and/or employees from and against any and all claims, liabilities, losses, judgments, and/or causes of action of any type arising out of or relating to any act or omission of Community Center, its agents, servants and/or employees in the performance of this Agreement. The foregoing indemnification shall survive termination of this Agreement.

In consideration for reimbursement of costs incurred prior to the term of this Agreement, the foregoing indemnification shall apply not only during the term of this Agreement but also for the period prior to this Agreement for which Community Center is eligible to receive reimbursement from the County.

16. Community Center shall, at its sole expense, agree to maintain in full force and effect at all times during the life of this Agreement, insurance coverages and limits (including endorsements), as described herein. The requirements contained herein, as well as County's review and acceptance of insurance maintained by Community Center are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by Community Center under this Agreement.

**Commercial General Liability.** Community Center shall maintain Commercial General Liability at a limit of liability not less than \$500,000 Each Occurrence. Coverage shall not contain any endorsement excluding Contractual Liability or Cross Liability unless granted in writing by County's Risk Management Department. Community Center shall provide this coverage on a primary basis.

**Automobile.** Community Center shall maintain, during the life of this Agreement, comprehensive automobile liability insurance in the minimum amount of \$500,000 combined single limit bodily injury and property damage for claims arising from damages for bodily injury including wrongful death, as well as from claims for property damage which may arise from the ownership, use, or maintenance of owned and non-owned automobiles, including rented automobiles, whether such operations be by Community Center or by anyone employed by or contracting with Community Center. Should Community Center use independent bus companies for transportation, it shall require such company or companies to provide automobile liability on such buses in the minimum amount of \$1,000,000 combined single limit bodily injury and property damage liability and shall include Community Center and Palm Beach County as Additional Insured.

**Worker's Compensation Insurance & Employer's Liability.** Community Center shall maintain Worker's Compensation & Employers Liability in accordance with Florida Statute Chapter 440. Community Center shall provide this coverage on a primary basis.

**Additional Insured.** Community Center shall endorse the County as an Additional Insured with a CG 2026 Additional Insured - Designated Person or Organization endorsement, or its equivalent, to the Commercial General Liability. The Additional Insured endorsement shall read "Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents." Community Center shall provide the Additional Insured endorsements coverage on a primary basis.

**Waiver of Subrogation.** Community Center hereby waives any and all rights of Subrogation against the County, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss agreement to waive subrogation without an endorsement, then Community Center shall agree to notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy when a condition to the policy specifically prohibits such an endorsement, or voids coverage should Community Center enter into such an agreement on a pre-loss basis.

**Certificate(s) of Insurance.** Prior to execution of this Agreement by the County, Community Center shall deliver to the County a Certificate(s) of coverage evidencing

that all types and amounts of insurance coverages required by this Agreement have been obtained and are in full force and effect. Such Certificate(s) of Insurance shall include a minimum thirty (30) day endeavor to notify due to cancellation or non-renewal of coverage.

Certificate holder's address shall read Palm Beach County, c/o Parks and Recreation Department, 2700 Sixth Avenue South, Lake Worth, FL 33461, Attention: Administrative Support Manager.

**Right to Review.** County, by and through its Risk Management Department, in cooperation with the contracting/monitoring department, reserves the right to review, modify, reject or accept any required policies of insurance, including limits, coverages, or endorsements, herein from time to time throughout the term of this Agreement. County reserves the right, but not the obligation, to review and reject any insurer providing coverage because of its poor financial condition or failure to operate legally.

17. Upon request by County, Community Center shall demonstrate financial accountability through the submission of acceptable financial audits performed by an independent auditor.

18. Community Center shall maintain books, records, documents and other evidence that sufficiently and properly reflect all costs of any nature expended in the performance of this Agreement for a period of not less than five (5) years. Upon advance notice to Community Center, County shall have the right to inspect and audit said books, records, documents and other evidence during normal business hours.

19. The County and Community Center may pursue any and all actions available under law to enforce this Agreement including, but not limited to, actions arising from the breach of any provision set forth herein.

20. This Agreement shall be governed by the laws of the State of Florida and any and all legal action necessary to enforce this Agreement shall be held in Palm Beach County.

21. As provided in Section 287.132-133, Florida Statutes, by entering into this Agreement or performing any work in furtherance hereof, Community Center certifies that it, its affiliates, suppliers, subcontractors and consultants who will perform hereunder, have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the thirty six (36) months immediately preceding the date hereof. This notice is required by Section 287.133 (3) (a), Florida Statutes.



22. This Agreement represents the entire agreement between the parties and supersedes all other negotiations, representations, or agreement, written or oral, relating to this Agreement. This Agreement may be modified and amended only by written instrument executed by the parties hereto.

23. Any notice given pursuant to the terms of this Agreement shall be in writing and hand delivered or sent by U.S. mail. All notices shall be addressed to the following:

As to the County:

Director of Parks and Recreation  
Palm Beach County Parks and Recreation Department  
2700 Sixth Avenue South  
Lake Worth, Florida 33461

As to Community Center:

Executive Director  
Adolph and Rose Levis Jewish Community Center, Inc.  
9801 Donna Klein Boulevard  
Boca Raton, Fl 33428

24. This Agreement is made solely and specifically among and for the benefit of the parties hereto, and no other person shall have any rights, interest, or claims hereunder or be entitled to any benefits under or on account of this Agreement as a third-party beneficiary or otherwise.

**IN WITNESS WHEREOF**, the undersigned parties have signed this Agreement on the date first above written.

**ATTEST:**  
**SHARON R. BOCK, Clerk & Comptroller**

**PALM BEACH COUNTY, FLORIDA, BY ITS BOARD OF COUNTY COMMISSIONERS**

By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
Tony Masilotti, Chairman

**WITNESSES:**

\_\_\_\_\_  
*Austin W. Yarn*

**ADOLPH AND ROSE LEVIS JEWISH COMMUNITY CENTER, INC.**

FEI # : 65-1127438

\_\_\_\_\_  
*Veronica Kenneth*

By: ALLAN JUST

Name (Type or Print)

Title: EXECUTIVE DIRECTOR

By: \_\_\_\_\_  
Signature

**APPROVED AS TO FORM AND LEGAL SUFFICIENCY**

**APPROVED AS TO TERMS AND CONDITIONS**

By: \_\_\_\_\_

By: \_\_\_\_\_

County Attorney

Dennis L. Eshleman, Director  
Parks and Recreation Department

**Recreation Assistance Program (RAP)  
Exhibit "A" to Agreement**

**BACKGROUND INFORMATION**

Name and address of Agency:

Agency Name: **Adolph and Rose Levis Jewish Community Center, Inc.**

Mailing Address: 9801 DONNA KLEIN BLVD  
BOCA RATON, FL 33428

Federal Employer Identification Number: 65-1127438

Name of President: BEVERLY FEURINK

Name of Executive Director: ALLAN JUST

Project/Project Liaison Information:

Name: ALLAN JUST  
Telephone #: (561) 852-3249  
Fax #: (561) 852-  
e-mail: allanj@bocafed.org

Purpose/Mission of Agency: *To preserve, transmit and strengthen Jewish continuity by enriching personal, cultural, social and physical development. The Center shall foster leadership, enhance education, create a neighborhood of commonality of all beliefs.*

**PROJECT/PROGRAM INFORMATION**

1. Name of Project/Program: **Camp Kavod**

2. Project/ Program Description

• General (Project Scope): See attached sheet

• Public Purpose:

• Location: LEVIS JEWISH COMMUNITY CENTER  
9801 DONNA KLEIN BLVD.  
BOCA RATON, FLORIDA

• Anticipated Number of Participants/Users:  
354 TOTAL

3. Project/Program Elements: List anticipated broad categories of Expenditure Items such as capital outlay, contractual services, personnel costs, operational expenses, equipment, and "Other Miscellaneous Project/Program expenses". Do not include expenditure line item budget/amounts.

- INSTRUCTOR SALARIES
- FTS TRANSPORTATION

4. Estimated Lump Sum Total for Project/Program \$ 124,232 ACTUAL PROGRAM COSTS  
420,000 AWARDED

5. Project/Program Initiation date (date of first invoice for which reimbursement will be requested) and End date (date which project/program will be completed and all invoices paid). This will become the project time frame. JUNE 2006 to SEPTEMBER 2006  
month/day/year month/day/year

(Note: Invoices and copies of proof of payment documents are required for Project/Program reimbursement. All invoices and checks must be dated within the stated project/program time frame AND Categories for Project/Program Elements must be listed in Section 3 above in order to be eligible for RAP reimbursement.

6. Required Attachments:  
Certificate of Insurance

7. Additional Comments if desired:

Amount of Recreation Assistance Program Funding awarded \$20,000  
District 5  
(filled in by County)

### CAMP KAVOD DESCRIPTION

The Adolph & Rose Levis Jewish Community Center is a non-profit 501 (c) (3) social service organization serving the South Palm Beach County market. Its mission is to preserve, transmit, and strengthen Jewish continuity by enriching personal, cultural, social and physical development.

Thousands of customers utilize the programs, attend the cultural events and enjoy the activities provided by the center. Some of the Center's major programs include the NAYEC accredited 600 student early childhood learning center, the JCC youth and adult classes and sports programs, cultural arts offerings, an Alzheimer's and Adult Day Care Center, Special Needs programs, a Thrift Shop and JCC summer camp.

The Levis JCC serves over 40,000 participants a year in these areas.

**Camp Kavod** is a non-denominational summer camp program as part of the JCC's *Special Needs Department* and *JCC Camp Ted Weisberg*, developed to provide students with special needs the opportunity to have a well-rounded camp experiences with physical, occupational and speech therapy in collaboration with the Palm Beach County School District. During its inaugural session in 2003, the program provided twelve (12) fourth to eighth grade students with an active schedule of field trips, sporting events, horseback riding, yoga, instructional swimming, music, dance, and arts and crafts. Program activities of Camp Kavod are designed to provide opportunities for physical, emotional and creative expression for the campers. All activities are coordinated by the Special Needs Director and supervised by a compassionate staff of certified exceptional education teachers, paraprofessionals and volunteers. In 2006, Camp Kavod will have 3 groups servicing children ages 5 -18 years of age.

Camp Kavod is located at the Levis JCC and the Siemens Jewish Campus located on Glades Road and 95<sup>th</sup> avenue South, between Lyons Road and U.S. 441 in Boca Raton, Florida.



PALM BEACH COUNTY  
PARKS AND RECREATION DEPARTMENT

EXHIBIT B

CONTRACT PAYMENT REQUEST

\_\_\_\_\_  
Date

Grantee \_\_\_\_\_ Project Name: \_\_\_\_\_

Submission #: \_\_\_\_\_ Reimbursement Period: \_\_\_\_\_

Item	Key	Project Costs This Submission	Cumulative Project Costs
Contractual Services	(C)	_____	_____
Salary & Wages (% of salaries)	(S)	_____	_____
Materials, Supplies, Direct Purchases	(M)	_____	_____
Equipment	(E)	_____	_____
Travel	(T)	_____	_____
Indirect Costs	(I)	_____	_____
<b>TOTAL PROJECT COSTS</b>		=====	=====

Key Legend

- C = Contractual Services
- S = Salary & Wages
- M = Materials, Supplies, Direct Purchases
- E = Equipment
- T = Travel
- I = Indirect Costs

Certification: I hereby certify that the above expenses were incurred for the work identified as being accomplished in the attached progress reports.

Certification: I hereby certify that the documentation has been maintained as required to support the project expenses reported above and is available for audit upon request.

\_\_\_\_\_  
Administrator Date

\_\_\_\_\_  
Financial Officer Date

**PBC USE ONLY**

County Funding Participation	\$ _____
Total Project Costs To Date:	\$ _____
County Obligation To Date	\$ _____
County Retainage ( _____ %)	\$ _____
County Funds Previously Disbursed	\$ _____
County Funds Due this Billing	\$ _____

Reviewed and Approved By: \_\_\_\_\_  
PBC Project Administrator Date

\_\_\_\_\_  
Department Director Date



**Key Legend**

- C = Contractual Services
- S = Salary & Wages
- M = Materials, Supplies, Direct Purchases
- E = Equipment
- T = Travel
- I = Indirect Costs

**PALM BEACH COUNTY  
PARKS AND RECREATION DEPARTMENT  
CONTRACTUAL SERVICES PURCHASE SCHEDULE**

**EXHIBIT B**

Grantee: \_\_\_\_\_

\_\_\_\_\_  
Date

Project Name: \_\_\_\_\_

Submittal #: \_\_\_\_\_

Contract Reimbursement Period: \_\_\_\_\_

**Check or Voucher**

**Invoice**

#	Payee (Vendor/Contractor)	Key	Number	Date	Number	Date	Amount	Expense Description
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

TOTAL \$ \_\_\_\_\_

Certification: I hereby certify that the purchases noted above were used in accomplishing this project.

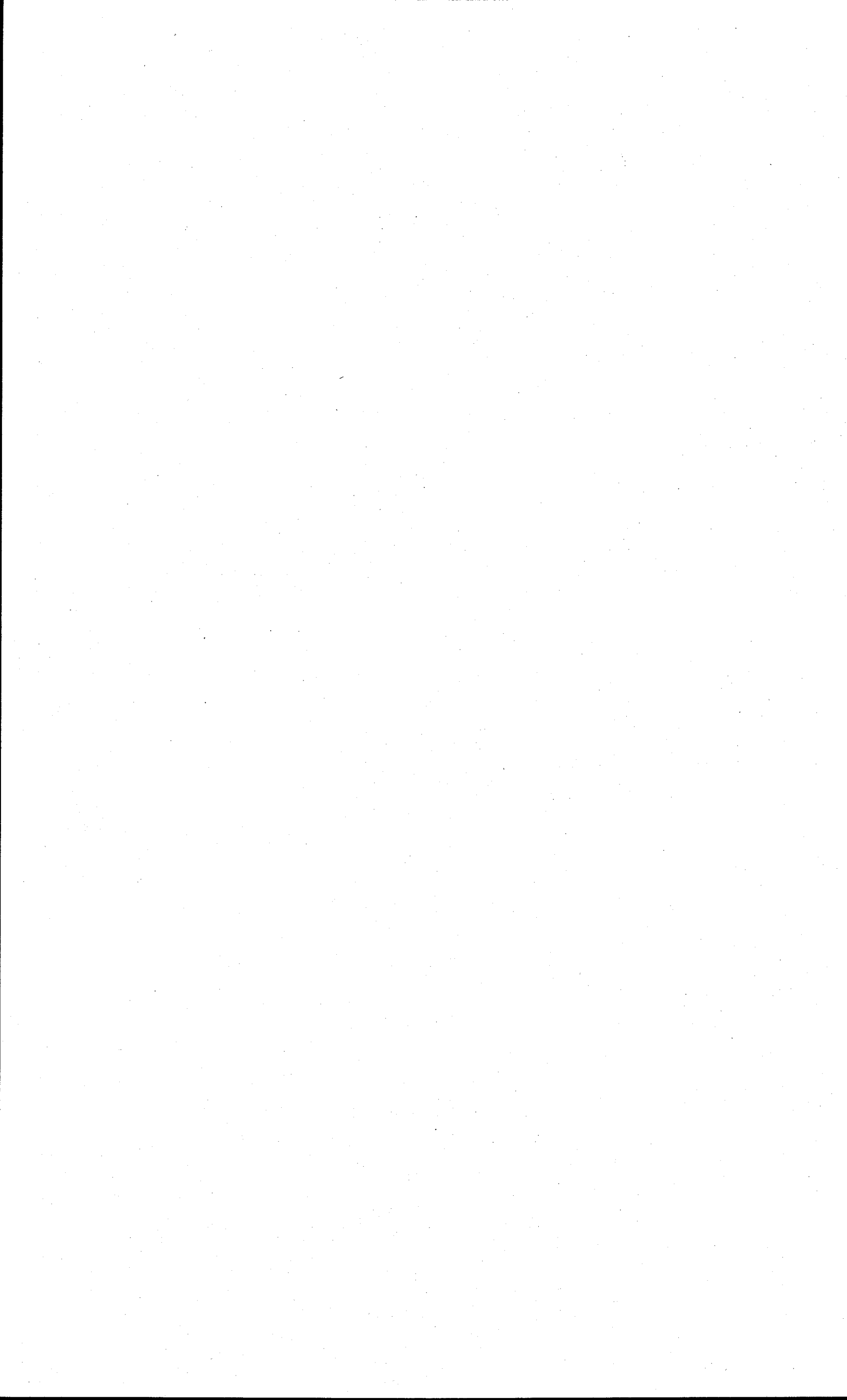
Certification: I hereby certify that bid tabulations, executed contract, cancelled checks, and other purchasing documentation have been maintained as required to support the costs reported above and are available for audit upon request.

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Officer

\_\_\_\_\_  
Date







<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 4/19/2006
PRODUCER SEITLIN 6700 N. Andrews Ave., Ste 300 Ft. Lauderdale FL 33309 (954) 938-8788                      (954) 938-8566	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 Adolph & Rose Levis Jewish Communiy Center, Inc. 9801 Donna Klein Blvd Boca Raton FL 33428	INSURERS AFFORDING COVERAGE INSURER A: <b>Evanston Insurance Company</b> INSURER B: <b>Zenith Insurance Company</b> INSURER C: INSURER D: INSURER E:	NAIC # 35378 13269

**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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> RETRO DATE: 12/15/01 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	SM839222	12/15/2005	12/15/2006	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$
		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				COMBINED SINGLE LIMIT (Ea accident) \$ 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 \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Z066841102	12/31/2005	12/31/2006	<input checked="" type="checkbox"/> WC STATU-TORY 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
A		OTHER PROFESSIONAL LIABILITY	SM839222	12/15/2005	12/15/2006	COMBINED LIMITS WITH GENERAL LIABILITY RETRO DATE: 12/15/01

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Re: Camp Kavod. Certificate Holder as Designated Organization is an Additional Insured as respects General Liability subject to the terms, conditions and exclusions of the policy.

<b>CERTIFICATE HOLDER</b>  Palm Beach County Parks and Recreation Dept. Attn: Dennis L. Eshleman, Director 2700 6th Avenue South  Lake Worth FL 33461	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID MN <b>JEWFE02</b>	DATE (MM/DD/YYYY) <b>06/07/06</b>
PRODUCER Gateway Insurance Agency Fort Lauderdale Branch 2430 W. Oakland Park Blvd. Fort Lauderdale FL 33311 Phone: 954-735-5500 Fax: 954-735-2852		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 Jewish Federation of S. Palm Beach County, Inc; Federation Transportation Services, Inc; → Adolph & Rose Levis JCC 9901 Donna Klein Boulevard Boca Raton FL 33428		INSURERS AFFORDING COVERAGE INSURER A: <b>Zenith Insurance Company</b> INSURER B: Zurich American Insurance Co INSURER C: INSURER D: INSURER E:	
		NAIC #	

**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

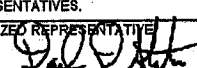
INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>B</b>		GENERAL LIABILITY	<b>GLO379366203</b>	<b>12/17/05</b>	<b>12/17/06</b>	EACH OCCURRENCE \$ <b>1000000</b>
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEVL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POL CY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1000000</b> MED EXP (Any one person) \$ <b>5000</b> PERSONAL & ADV INJURY \$ <b>1000000</b> GENERAL AGGREGATE \$ <b>2000000</b> PRODUCTS - COMP/OP AGG \$ <b>2000000</b>
<b>C</b>	<b>X</b>	AUTOMOBILE LIABILITY	<b>PHPK144331</b>	<b>11/01/05</b>	<b>11/01/06</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1000000</b>
		<input checked="" 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				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY				<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$
<b>A</b>		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<b>Z067184001</b>	<b>04/01/06</b>	<b>04/01/07</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				E.L. EACH ACCIDENT \$ <b>1000000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1000000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1000000</b>

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

Certificate Holder is listed as Additional Insured with respects to the Automobile Liability. \*10 Days Notice of Cancellation for Non-Payment.

**CERTIFICATE HOLDER**

**CANCELLATION**

PALBE22  PALM BEACH COUNTY PARK & RECREATION DEPT, DIRECTOR OF PARKS & RECREATION 2700 SIXTH AVENUE SOUTH LAKE WORTH FL 33461	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <b>*30</b> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID AK  
JEWIS-3

DATE (MM/DD/YYYY)  
05/26/06

**PRODUCER**  
Programs  
Sterling & Sterling, Inc.  
P.O. Box 9017  
Woodbury NY 11797-2002  
Phone: 516-487-0300 Fax: 516-487-0372

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**  
Jewish Federation So. Palm Beach  
Federation Transport Services  
Adolph and Rose Levis JCC  
9901 Donna Klein Blvd  
Boca Raton FL 33428

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Zurich North America.	379
INSURER B:	
INSURER C:	
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 LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	GLO3793662	12/17/05	12/17/06	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				MED EXP (Any one person) \$ 5,000
	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				PERSONAL & ADV INJURY \$ 1,000,000
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				GENERAL AGGREGATE \$ 2,000,000
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				PRODUCTS - COMP/OP AGG \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				COMBINED SINGLE LIMIT (Ea accident) \$
	OTHER				BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
					AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
					EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
					WC STATUTORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Certificate holder is included as additional insured as respects camp operations of the named insured.  
 Holder names to include: Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, It's Officers, Employee & Agents as Additional Insured

### CERTIFICATE HOLDER

Palm Beach County Park & Rec  
Department  
Director of Parks & Recreation  
2700 Sixth Avenue South  
Lake Worth FL 33461

### 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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

