

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: September 12, 2006

☒ 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 Hospital, Inc. (R2004-0456), allowing for interoperable communications through the countywide and EMS common groups of the County's 800 MHz Radio System.

**Summary:** The Agreement between the County and Columbia, which provides the terms and conditions under which Columbia can program into its radios and utilize the countywide and EMS common talk groups for certain types of inter-agency communications will expire on March 16, 2007. The agreement provides for three 3 - year renewals but renewals require approval by both parties. Columbia has approved a renewal to extend the term of the agreement until March 16, 2010. 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. Columbia 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 Columbia, which provides the terms and conditions under which Columbia 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 March 16, 2007. The agreement provides for three (3) year renewals but renewals require approval by both parties. Columbia has approved a renewal to extend the term of the agreement until March 16, 2010. The renewal now requires Board approval.

**Attachments:**

First Amendment

Recommended by: Anthony Worf                      8/22/06  
Department Director                      Date

Approved by: [Signature]                      9/15/06  
County Administrator                      Date

## II. FISCAL IMPACT ANALYSIS

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2006	2007	2008	2009	2010
Capital Expenditures	-0-	-0-	-0-	-0-	-0-
Operating Costs	-0-	-0-	-0-	-0-	-0-
External Revenues	-0-	-0-	-0-	-0-	-0-
Program Income (County)	-0-	-0-	-0-	-0-	-0-
In-Kind Match (County)	-0-	-0-	-0-	-0-	-0-
<b>NET FISCAL IMPACT</b>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>					

**Is Item Included in Current Budget?**      Yes \_\_\_\_\_      No \_\_\_\_\_

**Budget Account No:** Fund \_\_\_\_\_ Department \_\_\_\_\_ Unit \_\_\_\_\_ Object \_\_\_\_\_  
Reporting Category \_\_\_\_\_


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

NO FISCAL IMPACT

### C. Departmental Fiscal Review:

### III. REVIEW COMMENTS:

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

 8-29-06  
 OFMB

*Don J. Jones 8/31/06*  
Contract Dev. and Control  
8/31/06

**B. Legal Sufficiency:**

B. Legal Sufficiency: James C. Meyer Jr. 9/6/06  
Assistant County Attorney

**This amendment complies with our review requirements.**

**C. Other Department Review:**

**FIRST AMENDMENT TO INTERLOCAL AGREEMENT**

**THIS FIRST AMENDMENT** to Agreement R2004-0456, dated March 16, 2004, 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 Hospital, Inc., a corporation licensed to do business in the State of Florida ("Hospital"), with a federal tax id number of 62-1694177.

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

1. The term of Agreement R2004-0456, set to expire on March 16, 2007, shall be extended to March 16, 2010.
2. All other terms of Agreement R2004-0456 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 & COMPTROLLER**

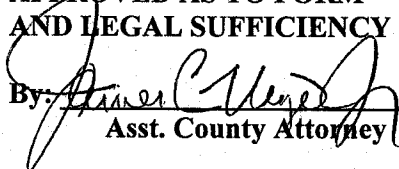
**PALM BEACH COUNTY, FLORIDA BY ITS  
BOARD OF COUNTY COMMISSIONERS**


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

By: \_\_\_\_\_  
Tony Masilotti, Chair

**APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY**

**APPROVED AS TO TERMS  
AND CONDITIONS**

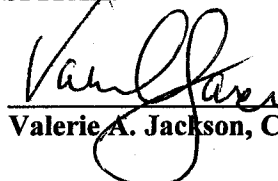
By:   
Asst. County Attorney

By:   
Director Facilities Dev & Operations *njd*

**ATTEST:**

**HOSPITAL:**

By:   
Witness Signature

By:   
Valerie A. Jackson, Chief Executive Officer

Barbara Gramsci  
Name (Type or Print)

By:   
Witness Signature

Michelle D. Getty  
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: 01/01/2006

CO#: 3641

Palm Beach County Electronic Services Division

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

3323 Belvedere Road, Building 506

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	\$1,000,000 Each and Every Occurrence
• Bodily Injury • Property Damage • Products and Completed Operations • Personal and Advertising Injury	\$3,000,000 Aggregate
Health Care Professional Liability – Occurrence Form	Each and Every Occurrence  Aggregate

SPECIAL CONDITIONS/OTHER COVERAGES:  
THE NAMED INSURED INCLUDES COLUMBIA HOSPITAL

COID 30923

Palm Beach County Board of County Commissioners, a political subdivision of the State of Florida, its Officers, Employees and Agents are Additional Insureds as respects the General Liability portion of this policy as the Named Insured's interest appears in the agreement with Palm Beach County for Interoperability with EMS Providers through County's 800 MHz Radio System.  
(Revised 8/02/06)

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

<b>ACORD</b>				<b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE(MM/DD/YY) 08/15/06	
<b>PRODUCER</b> Aon Risk Services, Inc. of Tennessee 501 Corporate Centre Drive Suite 300 Franklin TN 37067 USA				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.			
PHONE: (866) 283-7124 FAX: (866) 430-1035				<b>INSURERS AFFORDING COVERAGE</b>			
<b>INSURED</b> HCA Inc. One Park Plaza P.O. Box 555 Nashville TN 37202-0555 USA				INSURER A: Zurich American Ins Co			
				INSURER B:			
				INSURER C:			
				INSURER D:			
				INSURER E:			
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.							Holder Identifier:  570019081245  Certificate No:
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS		
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC				EACH OCCURRENCE		
					FIRE DAMAGE (Any one fire)		
					MED EXP (Any one person)		
					PERSONAL & ADV INJURY		
					GENERAL AGGREGATE		
					PRODUCTS - COM/OP AGG		
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> MIXED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS <input checked="" type="checkbox"/> FL Basic PTP	BAP293857501	01/01/06	01/01/07	COMBINED SINGLE LIMIT (Per accident)	\$5,000,000	
					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		
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE		
					AGGREGATE		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC293857401 WC-Large Deductible	01/01/06	01/01/07	<input checked="" type="checkbox"/> WC STATUS WORK LIMITS <input type="checkbox"/> OTH- ER		
					B.L. EACH ACCIDENT	\$5,000,000	
					E.L. DISEASE-POLICY LIMIT	\$5,000,000	
					F.L. DISEASE-EA EMPLOYEE	\$5,000,000	
	OTHER						
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS RE: Columbia Hospital Radio System. Cancellation Provision shown herein is subject to shorter or longer time periods depending on the jurisdiction of, and reason for, the cancellation.							
<b>CERTIFICATE HOLDER</b>							
Palm Beach County Electronic Services Division 3323 Belvedere Road West Palm Beach FL 33406 USA				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.			
				AUTHORIZED REPRESENTATIVE 