

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
Capital Expenditures	_____	_____	_____	_____
Operating Costs	_____	<u>40,838</u>	_____	_____
External Revenue	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____
NET FISCAL IMPACT	_____	<u>40,838</u>	_____	_____
# ADDITIONAL FTS POSITIONS (Cumulative)	_____	_____	_____	_____
	<i>and Proposed</i>			
Is Item Included In Current Budget:	Yes <u>X</u>		No _____	
Budget Account No.:	Fund <u>0001</u>	Dept. <u>148</u>	Unit <u>1331</u>	Obj. <u>3401</u>
	Program Code <u>HS11</u>		Program Period: <u>FY11/12</u>	

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

Departmental Fiscal Review: Taruna Malhotra
8/23/11

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

[Signature] 8/25/11
 OFMB *JA* *PM*
8/25/11 *8-25-11*

[Signature] 8/30/11
 Contract Administration
8-30-11 B. Wheeler

B. Legal Sufficiency:

This amendment complies with our review requirements.

[Signature] 8/25/11
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

**AMENDMENT TO
CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE**

THIS AMENDMENT TO THE CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE (R2010 1635; dated October 19, 2010) made and entered into at West Palm Beach Florida, on this _____ day of _____, 2011 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and The Center for Family Services of Palm Beach County, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is The Center for Family Services of Palm Beach County, Inc., 4101 Parker Avenue, West Palm Beach, Florida 33405.

WITNESSETH:

WHEREAS, the Center for Family Services of Palm Beach County, Inc. has had an increased demand for emergency shelter services to homeless families; whereas the need exists to amend the contract to increase the total contract amount.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on October 19, 2010 is hereby amended as follows:

- I. Article 2 is hereby amended to read, The AGENCY shall commence services on October 1, 2010 and complete services on January 31, 2012.
- II. Article 3 is hereby amended to read, an amount not to exceed Two Hundred Thirteen Thousand Three Hundred Fifty-Two Dollars (\$213,352).
- III. Article 3 is hereby amended by removing section 6 and to read, The AGENCY is obligated to provide the COUNTY with the properly completed request for all funds paid relative to this Contract no later than February 5, 2012. Any amounts not submitted by February 5, 2012, shall remain the COUNTY'S and the COUNTY shall have no further obligation with respect to such amounts.
- IV. Article 13 is hereby amended to read, Palm Beach County has established the Office of the Inspector General in Ordinance 2009-049, as may be amended, which is authorized and empowered to review past, present and proposed County contracts, transactions, accounts and records.
- V. Exhibit "A" is hereby replaced by "A-2" attached hereto and made a part thereof.
- VI. Exhibit "C" is hereby replaced by "C-2" attached hereto and made a part thereof.

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this First Amendment to the Contract shall be and are hereby changed to conform to this amendment.

All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Contract on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:

Sharon R. Bock, Clerk & Comptroller

**PALM BEACH COUNTY, FLORIDA, a
Political Subdivision of the State of
Florida**

BOARD OF COUNTY COMMISSIONERS

BY: _____
Clerk & Comptroller

BY: _____
Karen T. Marcus, Chair

WITNESS:

AGENCY:

Stanton F. Salkner
Signature

The Center for Family Services of Palm
Beach County, Inc.
AGENCY's Name Typed

Stanton F. Salkner
Name Typed

BY: Dorla Leslie
Signature

59-1084179
AGENCY's Federal ID Number

Dorla Leslie
AGENCY's Signatory Name Typed

Executive Director
AGENCY's Signatory Title Typed

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

**APPROVED AS TO TERMS AND CONDITIONS
Department of Community Services**

Assistant County Attorney

By: Channell Wilkins
Channell Wilkins
Director, Community Services

SCOPE OF WORK

BACKGROUND INFORMATION:

This contract is being developed as a result of a Board Directive regarding homelessness and accessing information and services after hours for families.

DESCRIPTION OF EMERGENCY SHELTER WITH THE CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY, INC. AS OUTLINED IN EXHIBIT B:

Emergency Shelter and Support Services will be provided to homeless individuals/families. These individuals/families will be placed through Project REACH, an Emergency Shelter Program for The Center for Family Services of Palm Beach County. Priority will be given to those homeless families referred after 5 PM or on weekends. The services to be provided are outlined in the proposal (**Exhibit B**). The total amount available for Emergency Shelter and Support Services is not to exceed \$213,352.

STANDARDS OF CARE:

The provider must comply with the Standards of Care related to emergency shelter. (**Exhibit F**).

DELIVERABLES:

Deliverable 1: 100% of the households served will be assessed by use of the local Continuum of Care Universal Assessment upon the first face to face contact with the Program Reach Case Manager which will be entered into CMIS.

Demonstration: At the time of on-site program monitoring, a copy of the Universal Assessment will be available for review in the client file.

Deliverable 2: 100% of the households served will have an initial Client Plan of Action and a review of the actions identified on the plan every 30 days.

Demonstration: At the time of on-site program monitoring, the Client Plans will be contained in individual case records and available for review.

Deliverable 3: 70% of the households served will be referred for HPRP assistance within ten days of entering the program.

Demonstration: At the time of on-site program monitoring, the HPRP referral documentation will be available in the client file for review.

Deliverable 4: 50% of the households served will exit the program in 30 days or less.

Demonstration: At the time of on-site program monitoring, completed discharge summaries demonstrating the length of stay will be available in the client file for review.

Deliverable 5: 100% of households remaining in shelter over 30 days will have a completed Universal Assessment upon exit which will be entered into CMIS.

Demonstration: At the time of on-site program monitoring, a copy of the exit Universal Assessment will be available for review in the client file.

MONITORING / REPORTING:

A monthly desk audit by the County will be completed to determine programmatic and fiscal compliance.

Monitoring of Emergency Shelter will be completed by the County annually.

SCHEDULE FOR PAYMENTS/ BILLING:

By the 10th of each month the following must be submitted for payment:

1. Monthly Expenditure Report (**Exhibit D**)
2. Monthly Allocation Worksheet (**Exhibit C1**)
3. **Exhibit E** must be submitted on agency letterhead certifying all expenses.

All invoice billings for services relative to this agreement must be submitted to Human Services by **February 5, 2012**.

SCHEDULE FOR PAYMENT AND UNITS OF SERVICES

Agency: Center for Family Services
 Program: Emergency Assistance Program

Definition of a Unit of Service for Emergency Shelter	Number of Units of Service	Cost Per Unit of Service
A unit of service is defined as Emergency Assistance that includes days in Hotel/Motel Placement, Case Management and Data Entry into CMIS, Food Vouchers, and Bus Passes for clients placed in emergency shelter.	4,267.04	\$50
TOTAL FINACIAL ASSISTANCE		\$213,352

Unit Cost expenses shall mean the actual expenses as authorized by the COUNTY pursuant to this contract, and reasonably incurred by The Center for Family Services directly in connection with The Center for Family Services performance of its duties and Scope of Work pursuant to this Contract.

The following must be available during on-site program monitoring: Hotel/Motel Invoices for clients placed and copies of cancelled checks verifying payment. Copies of all Bus Passes and Food Vouchers purchased along with proof of purchase. Bus Pass and Food Voucher Logs with client initials and date of receipt of bus pass and food voucher.



CERTIFICATE OF LIABILITY INSURANCE

OP ID DS

DATE (MM/DD/YYYY)

03/01/11

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 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 Brown & Brown of Florida, Inc Suite 400 1401 Forum Way West Palm Beach FL 33401 Phone: 561-686-2266 Fax: 561-686-2313	CONTACT NAME: _____
	PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ PRODUCER CUSTOMER ID #: CENTE-4
INSURED Center for Family Services of Palm Beach County, Inc. 4101 Parker Avenue West Palm Beach FL 33409	INSURER A: Philadelphia Indemnity Ins Co
	INSURER B: Comp Options Ins Co
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	PHPK690100	03/01/11	03/01/12	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 <input type="checkbox"/> MED EXP (Any one person) \$ 5,000 <input type="checkbox"/> PERSONAL & ADV INJURY \$ 1,000,000 <input type="checkbox"/> GENERAL AGGREGATE \$ 3,000,000 <input type="checkbox"/> PRODUCTS - COMP/OP AGG \$ 3,000,000					
A	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		PHPK690100	03/01/11	03/01/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> BODILY INJURY (Per person) \$ <input type="checkbox"/> BODILY INJURY (Per accident) \$ <input type="checkbox"/> PROPERTY DAMAGE (Per accident) \$ <input type="checkbox"/> \$ <input type="checkbox"/> \$					
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000		PHUB337594	03/01/11	03/01/12	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> AGGREGATE \$ 1,000,000 <input type="checkbox"/> \$ <input type="checkbox"/> \$					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	01B43215D14100	10/01/10	10/01/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	<input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 <input type="checkbox"/> E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 <input type="checkbox"/> E.L. DISEASE - POLICY LIMIT \$ 1,000,000					
A	Crime		PHPK690100	03/01/11	03/01/12	\$100,000 Ded. \$1,000
A	Professional Liabi		PHPK690100	03/01/11	03/01/12	3,000,000 \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Palm Beach County Division of Human Services are named Additional Insured with respects to General Liability as required by written contract. Umbrella Policy Follows Form.

CERTIFICATE HOLDER**CANCELLATION**

PBCDHS1 Palm Beach County Division of Human Services Attn: Carol Shaffer; Contracts 810 Datura St. Ste 350 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 
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