



Interoffice Memorandum

September 10, 2018

AGENDA ITEM

TO: Mayor Teresa Jacobs
-AND-
Board of County Commissioners

THRU: Lonnie C. Bell, Jr., Director *Lonnie C Bell*
Family Services Department

FROM: Sonya L. Hill, Manager
Head Start Division
Contact: Khadija Pirzadeh, (407) 836-8912
Sonya Hill, (407) 836-7409

SUBJECT: **Consent Agenda Item – October 2, 2018**
The First Renewal of Agreement Y17-331 between
Orange County, Florida and The Nemours Foundation
Agreement related to Provision of Vision and Hearing
Services

The Head Start Division requests Board approval of the First Renewal Agreement Y17-331 between Orange County, Florida and The Nemours Foundation related to Provision of Vision and Hearing Services. This agreement will allow Nemours staff to provide Head Start children with vision and hearing screenings, which is mandated by federal performance standards. The term of the contract is from the date of execution through September 30, 2019.

The County Attorney's Office and Risk Management Division have reviewed this agreement for legality and compliance with County requirements.

ACTION REQUESTED: **Approval and execution of First Renewal Agreement Y17-331 between Orange County, Florida and The Nemours Foundation related to Provision of Vision and Hearing Services.**

SH/kp:jam

Attachment(s)

c: Randy Singh, Assistant County Administrator
Cristina Berrios, Assistant County Attorney, County Attorney's Office
John Petrelli, Director, Risk Management and Professional Standards
Yolanda S. Brown, Manager, Fiscal Division, Family Services Department
Jamillem Clemens, Grants Supervisor, Finance Division
Patria Morales, Management & Budget Advisor, Office of Management Budget

BCC Mtg. Date: October 2, 2018

FIRST RENEWAL OF AGREEMENT Y17-331
between
ORANGE COUNTY, FLORIDA
and
THE NEMOURS FOUNDATION
related to
PROVISION OF VISION AND HEARING SERVICES

THIS RENEWAL OF AGREEMENT ("Renewal") is entered into by and between **ORANGE COUNTY, FLORIDA** (the "County"), a charter county and political subdivision of the State of Florida, located at 201 South Rosalind Avenue, Orlando, Florida 32801, on behalf of its Head Start Division ("Head Start"), and **THE NEMOURS FOUNDATION**, a not-for-profit corporation organized under the laws of the State of Florida, with offices located at 13535 Nemours Parkway, Orlando, Florida 32827 ("Nemours"). The County and Nemours may be referred to individually as "party" or collectively as "parties".

WHEREAS, the County and Nemours entered Agreement #Y17-331 (the "Original Agreement") on June 5, 2018; and

WHEREAS, the term of that Original Agreement, or the most recent renewal thereof (if applicable), will expire on September 30, 2018; and

WHEREAS, Section 6, subparagraph A.2., of the Original Agreement provides for six (6) additional one-year renewals by mutual written consent of both parties.

WHEREAS, Section 2, subsection A.4., of the Original Agreement, Exhibit C: List of Participating Program Locations shall be deleted and replaced in its entirety with Exhibit C, hereto attached.

NOW THEREFORE, in consideration of the mutual promises, covenants, and conditions hereinafter set forth, the parties agree as follows:

Section 1. **Recitals.** The above recitals are true and correct and form a material part of this Agreement.

Section 2. **Renewal.** The parties mutually agree to exercise the option to renew the Original Agreement, including the Business Associate Addendum attached to the Original Agreement, for a period of one (1) year, thereby extending the term of the Original Agreement until September 30, 2019.

Section 3. **Effect; Conflicts.** Except as modified herein, all other terms and provisions of the Original Agreement are hereby ratified and confirmed and shall remain in full force and effect. In the event of any conflict between the provisions of this Renewal and the provisions of the Original Agreement, the provisions of this Renewal shall control.

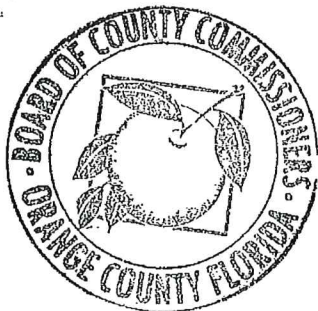
Section 4. **No Representations.** Each party represents that they have had the opportunity to consult with an attorney, and have carefully read and understand the scope and effect

of the provisions of this Renewal. Neither party has relied upon any representations or statements made by the other party hereto which are not specifically set forth in this Renewal.

Section 5. Signature Authority. Each signatory below represents and warrants that he or she has full power and is duly authorized by their respective party to enter into and perform this Renewal. Such signatory also represents that he or she has fully reviewed and understands the above conditions and intends to fully abide by the conditions and terms of this Renewal as stated.

Section 6. Counterparts and Facsimile Signatures. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original and all of which, taken together, shall constitute one agreement. Any counterpart may be delivered by any party by transmission of signature pages to the other parties at the addresses set forth herein, and delivery shall be effective and complete upon completion of such transmission; manually signed copies of signature pages shall nonetheless be delivered promptly after any such facsimile delivery.

IN WITNESS WHEREOF, the parties hereto have signed and executed this Agreement on the dates indicated below.



ORANGE COUNTY, FLORIDA

By: Board of County Commissioners

By: *Teresa Jacobs*
Teresa Jacobs
Orange County Mayor

Date: 10.2.18

ATTEST: Phil Diamond, County Comptroller
As Clerk of the Board of County Commissioners

By: *Katie Smith*

THE NEMOURS FOUNDATION

By: *Lloyd Werk*
Lloyd Werk, MD, MPH
Director, Nemours Florida
Prevention Initiative

Date: 8/30/18

ATTEST:

By: *Paul Rogers*



**Orange County Family Services Department Head Start Sites
2017 - 2018**

Exhibit C

<p>ALOMA ELEMENTARY 2949 Scarlet Road Winter Park, FL 32792 407-672-3100 x 3002278 Fax 836-2981 Ctr Spr: Isis Alameda FSW Patrice Milton X 3002288 <i>Year 1</i></p>	<p>FRONTLINE OUTREACH 3000 C. R. Smith Street Orlando, FL 32805 407-293-3000 Ctr Spr: Tiffany Brown FSW Jamie Harrold 407-254-9458</p>	<p>SOUTHWOOD 6225 Brookgreen Ave. Orlando, FL 32809 407 254-6768 Fax: 836-1934 Ctr Spr: Dina Mathews FSW Laura Baumgartner 407-254-6764 FSW Antonio Wright 407-254-6769</p>
<p>BITHLO 18501 Washington Avenue Orlando, FL 32820 407 254-1928 Fax: 836-2982 Ctr Spr: Isis Alameda FSW Patrice Milton 407 254-1907 <i>Year 1</i></p>	<p>HAL P. MARSTON 3933 W.D. Judge Drive Orlando, FL 32808 407-836-8455 Fax: 836-8440 Ctr Spr: Wilna Francois FSW Jessica Campbell 407-836-8433 FSW Dwayne Horne 407-836-8462</p>	<p>TAFT 9504 South Orange Ave Orlando, FL 32824 407-254-9274 Fax: 836-1940 Ctr Spr: Mercedes Grullon FSW Tyrza Benitez 407-254-9270 FSW Shayla Brown 407-254-9275</p>
<p>CALLAHAN 101 N. Parramore Street Orlando, FL 32805 407 245-0910/0281 Fax: 836-2877 Ctr Spr: Toinette Stenson FSW Dany Vincent 407 245-0910</p>	<p>JOHN H. BRIDGES 445 W. 13th Street Apopka, FL 32703 407 254-9421 Fax: 836-1929 Ctr Spr: Marcia Cotton FSW Maria Rivera 407-254-9422 FSW Toja Burton 407-254-9423</p>	<p>THREE POINTS ELEMENTARY 4001 South Goldenrod Road Orlando, FL 32822 407-207-3800 Ctr Spr: Yira Rodriguez x 3982302 FSW Arelys Vega x 3982288 <i>Year 1</i></p>
<p>DENTON JOHNSON 400 Ruffel Street Eatonville, FL 32751 407 975-7422/7423 Fax: 836-2984 Ctr Spr: Tonya Hale FSW Kathy Millsap 407 975-7422</p>	<p>LILA MITCHELL 5151 Raleigh Street Orlando, FL 32811 407-254-9494 Fax: 836-1930 Ctr Spr: John Holmes FSW Regina Melecio: 407-254-9484</p>	<p>VENTURA ELEMENTARY 4400 Woodgate Blvd. Orlando, FL 32822 407-249-6400 X 4002283 Fax: 836-7486 Ctr Spr: Tonya Hale Johnson FSW Jose Selles Torres 321-388-7031</p>
<p>DOVER SHORES ELEMENTARY 900 Engel Drive Orlando, FL 32807 Fax: 836-7472 Ctr Spr: Jaqueline Lopez 321-388-7294 FSW Corey Johnson 407-249-6330 x 3262279 or (c) 321-666-3015</p>	<p>MAXEY ELEMENTARY 1100 E. Maple Street Winter Garden, FL 34787 877-5020 X 3612257 Fax: 836-1931 Ctr Spr: Vivian Jones Burton FSW Kathy Millsap X 3612262</p>	<p>WS ELC – ANNEX 2500 Bruton Blvd. Orlando, FL 32811 407-250-6260 X 6352257 Fax: 836-1926 Ctr Spr: Bethany Mortenson FSW Cordella Pearcey / Zackey Dancy X 6352259 or X 6352270</p>
<p>EAST ORANGE 12050 East Colonial Drive Orlando, FL 32826 407-254-9712 Fax: 836-2987 Ctr Spr: Anabel Sepulveda FSW Luis Simonetti 407-254-9298 Yanesty Garay 407-254-9297 <i>Year 1</i></p>	<p>MCCOY ELEMENTARY 5225 South Semoran Blvd. Orlando, FL 32822 407-249-6370 X 3624311 Ctr Spr: Yira Rodriguez FSW Arelys Vega 407-249-6370 X 3622225 <i>Year 1</i></p>	<p>WS-ELEMENTARY 944 West Lake Mann Drive. Orlando, FL 32805 407-296-6540 X 4012242 Ctr Spr: Tiffany Brown FSW Jessica Campbell</p>
<p>ENGELWOOD ELEMENTARY 5985 La Costa Drive Orlando, FL 32807 Fax: 836-1927 Ctr Spr: Jacqueline Lopez 321-388-7294 FSW Jose Selles Torres 407-249-6340 X 3347247 or (c) 321-388-7031 <i>Year 1</i></p>	<p>PINE HILLS COMM CTR 6408 Jennings Road Orlando, FL 32818 407-254-9112 FAX : 836-8513 Ctr Spr: Tandra Jackson FSW Syretta Brown 407-254-9110 FSW Tiffany Jones 407-254-9193 FSW Delrose Forbes 407 -254-9185</p>	<p>Main Office 2100 East Michigan Street Orlando, Florida 32806 407-836-6590 MOTORPOOL RESOURCE CENTER 2010 E. Michigan St. 407-836-7401</p>
<p>EVANS COMMUNITY SCHOOL HEAD START 4949 Silver Star Road Orlando, FL 32808 407-522-3400 X 6232626 Fax: 836-1928 Ctr Spr: Vivian Jones Burton FSW Delrose Forbes</p>	<p>SOUTH ORLANDO YMCA 810 W. Oak Ridge Road Orlando, FL 32809 407 254-1011 Fax: 836-1933 Ctr Spr: Aturia Hall FSW Latasha Douglas 407-254-1017</p>	<p>WAREHOUSE 6136 Hanging Moss Road Suite #260 Orlando, FL 32807 Pedro Berrios/Julio Grullon 407-636-9456</p>

ACORD CERTIFICATE OF LIABILITY INSURANCE

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 J. Smith Lanier Tallahassee Marsh & McLennan Agency, LLC 1500 Mahan Drive, Suite 111 Tallahassee, FL 32308	CONTACT NAME: PHONE (A/C, No, Ext): 850 877-8181 FAX (A/C, No): 850 942-4928 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Hartford Fire Insurance Co. NAIC #: 19682 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED The Nemours Foundation Attn: Bill Higginbotham 10140 Centurion Parkway North Jacksonville, FL 32256-0532	

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
A	AUTOMOBILE LIABILITY <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		21ABS24402	02/17/2017	02/17/2018	COMBINED SINGLE LIMIT (ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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 N/A	21WNS24400 Deductible: \$500,000	12/31/2017	12/31/2018	X PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 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)

Waiver of Subrogation applies to Workers' Compensation as per written contract and subject to the provisions and limitations of the policy.

CERTIFICATE HOLDER

CANCELLATION

Orange County Board of County Commissioners
Procurement Division
400 E. South Street
Orlando, FL 32801

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

[Signature]

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ACORD CERTIFICATE OF LIABILITY INSURANCE

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 The Nemours Foundation 10140 Centurion Parkway North Jacksonville, FL 32256-0532	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED The Nemours Foundation Nemours Children's Hospital 13535 Nemours Parkway Orlando, FL 32827	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Self-Insured Trust	
	INSURER B:	
	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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		#39	12/31/17	12/31/18	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$No Aggregate
	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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Hospital Professional		#39	12/31/17	12/31/18	\$2,000,000 Per Occ \$30,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

General Liability includes sexual molestation

CERTIFICATE HOLDER**CANCELLATION**

Orange County Board of County Commissioners
Attn: Procurement Division
400 East South Street
Orlando, FL 32802

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

