



CONTRACT ADDENDUM

THIS CONTRACT ADDENDUM is made and entered into the date last written below, by and between The School Board of Monroe County, Florida ("School Board"), and _____ ("Contractor"), in order to modify a term or terms of the agreement ("Original Contract") between both parties dated _____ (original contract date).

1. The following terms of the Original Contract are hereby agreeably modified:

Paragraph _____ of Original Contract, titled "_____", is hereby changed and shall now read as follows: _____

2. All other terms and conditions of the Original Contract shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Contract Addendum on this _____ day of _____, _____.

SIGNATURE OF CHAIRPERSON OF THE BOARD (CONTRACTS OVER \$25,000)

DATE

SIGNATURE OF SUPERINTENDENT

DATE

SIGNATURE OF CONTRACTOR/REPRESENTATIVE

DATE

PRINT NAME AND TITLE



Board Rationale

File #: 2021514

TITLE

Approval of Guidance Care Center Contract Renewal 2 of 3 for School Year 2021-2022

BACKGROUND INFORMATION

The Guidance Care Center provides onsite school base life skills counseling for children and adolescents with substance abuse or at risk for developing substance abuse and will serve as mental and substance abuse liaison between the Guidance Care Center and the School District. Work will be supervised by a licensed mental health provider. Contract will maintain schedules and time sheets for each employee.

BUDGET INFORMATION

Item Budgeted? Yes
Total Cost: \$187,237
Budget Coding: N/A
Requisition Attached? N/A

CONTRACT INFORMATION

Contract with: Guidance Care Center
Contract value: \$187,237
Budget coding: N/A

Contract Purpose / Description: Provides onsite school base life skills counseling for children and adolescents.

Contract Originator: Frannie Herrin, Executive Director of Teaching and Learning

RECOMMENDATION

Recommend to Approve Guidance Care Center Contract Renewal 2 of 3 for School Year 2021-2022

Board Meeting Date: June 22, 2021



Monroe County School District

Superintendent of
Schools
Theresa Axford

Master

File Number: 2021514

File ID: 2021514

Type: Agenda Item

Status: Passed

Version: 1

Vendor:

Action By: School Board

File Created: 05/26/2021

Subject:

Final Action: 06/22/2021

Title:

Internal Notes: I have requested the new Cert. of Liability - vendor has expressed they will forward when they receive it. (Heather)

Sponsors:

Effective Date:

Attachments: Rationale - Approval of GCC Contract Renewal 2 of 3
2021-2022, GCC Contract Renewal 2 of 3_2021-2022,
GCC Contract Addendum_2021, GCC COI, GCC
20-21_19-20, GCC Contract Addendum 20-21

Enactment Number:

Recommendation:

Expiration Date:

Entered by: Heather.Linn@keysschools.com

Expiration Date:

Related Files:

Approval History

Version	Seq #	Action Date	Approver	Action	Due Date
1	1	6/11/2021	Gaelan Jones	Approve	6/11/2021
1	2	6/15/2021	Suanne Lee	Approve	6/14/2021
Notes: Holding on approval of the NTE amount of contract. Original contract ws 187,237 but addendum done last year to increase NTE to 200,737. Holding for response to email. 6/14					
Added Addendum per email correspondence.(HG)					
Approving with addition of addendum to decrease contract back to original value. Contract and addendum are missing vendor signature. Moving forward MCSD contract must be signed prior to routing. SLee 6/15					
1	3	6/15/2021	Harry Russell	Approve	6/16/2021
Notes: Approved on behalf of Harry Russell. (Heather Gage)					
1	4	6/15/2021	Beverly Anders	Approve	6/16/2021
1	5	6/15/2021	Frannie Herrin	Approve	6/16/2021
Notes: Approved behalf of Frannie Herrin. (Heather Gage)					

History of Legislative File

Ver- sion:	Acting Body:	Date:	Action:	Sent To:	Due Date:	Return Date:	Result:
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1 School Board 06/22/2021 Approved

Action Text: This Agenda Item was Approved.



CONTRACT RENEWAL

THIS CONTRACT RENEWAL is made and entered into the date last written below, by and between The School Board of Monroe County, Florida ("School Board"), and Guidance Care Center, Inc. ("Contractor"), in order to renew the agreement ("Original Contract") between the parties dated July 30, 2019 (original contract date), a copy of which is attached hereto and incorporated by reference.

1. Contractor will exercise the 2 of 3 renewal options in accordance with the terms of the Original Contract, thereby creating a renewed contract ("Renewed Contract").
2. The Renewed Contract shall commence on July 1, 2021 and expire on June 30, 2022.
3. All other terms and conditions of the Original Contract shall remain in full force and effect.
4. Contractor's obligations to maintain insurance remains in effect as evident by the updated copy attached.
5. Contractor hereby certifies that the Relationship Disclosure Affidavit and Debarment Certification as submitted as attachments to the Original contract have remained unchanged or has submitted new documents as necessary.

NOTE: A copy of the original contract must accompany this renewal.

IN WITNESS WHEREOF, the parties have executed this Contract Renewal on this 22nd day of

June

2021

[Signature of Chairperson]

6/22/2021

SIGNATURE OF CHAIRPERSON OF THE BOARD (CONTRACTS OVER \$25,000)

DATE

SIGNATURE OF SUPERINTENDENT

[Signature of Superintendent]

6/22/2021

DATE

SIGNATURE OF CONTRACTOR/REPRESENTATIVE

[Signature of Contractor Representative]

6/30/2021

DATE

Maureen Dunleavy, Regional Vice President
PRINT NAME AND TITLE Resolution WGCC 2021-02



CONTRACT ADDENDUM

THIS CONTRACT ADDENDUM is made and entered into the date last written below, by and between The School Board of Monroe County, Florida ("School Board"), and Guidance Care Center Inc. ("Contractor"), in order to modify a term or terms of the agreement ("Original Contract") between both parties dated July 30, 2019 (insert original contract date).

1. The following terms of the Original Contract are hereby agreeably modified:

Paragraph 3 of Original Contract, titled "Compensation", is hereby changed and shall now read as follows: NTE \$187, 237 - CHIPS funding expired March 2021 and not renewable

2. All other terms and conditions of the Original Contract shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Contract Addendum on this 22nd day of June, 2021.

[Signature] 6/22/2021
SIGNATURE OF CHAIRPERSON OF THE BOARD (CONTRACTS OVER \$25,000) DATE

[Signature] 6/22/2021
SIGNATURE OF SUPERINTENDENT DATE

[Signature] 6/30/2021
SIGNATURE OF CONTRACTOR/REPRESENTATIVE DATE

Maureen Dunleavy, Regional Vice President
PRINT NAME AND TITLE
Resolution WC-GCC 2021-02



WESTFOU-01

SE72SMANN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/25/2021

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 have ADDITIONAL INSURED provisions or 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 AssuredPartners, Lake Mary 300 Colonial Center Parkway, Suite 270 Lake Mary, FL 32746	CONTACT NAME: Deidre Williams PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: deedee.williams@assuredpartners.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Allied World Surplus Lines Insurance Company	
INSURER B : Vantapro Specialty Insurance Company	
INSURER C : Continental Divide Insurance Company	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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 INSD	SUBR 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"/> PROJECT <input type="checkbox"/> LOC OTHER:			5088087801	7/1/2020	7/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Abuse \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			5091019301	7/1/2020	7/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5090022301	7/1/2020	7/1/2021	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	WEWC214974	2/26/2021	2/26/2022	<input checked="" type="checkbox"/> PER STATUTE <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	Professional Liabili			5088087801	7/1/2020	7/1/2021	Aggregate 3,000,000
A	Professional Liabili			5088087801	7/1/2020	7/1/2021	Occurrence 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 INSURER AFFORDING COVERAGE: Allied World Surplus Lines Insurance Company
 POLICY NUMBER: 5088-0878-00 EFF DATE: 07/01/2020 EXP DATE: 07/01/2021

TYPE OF INSURANDCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Abuse & Molestation	Per Occurrence	\$1,000,000
Aggregate	\$3,000,000	

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER Monroe Co. School District 241 Trimbo Road Key West, FL 33040	CANCELLATION 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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ADDITIONAL REMARKS SCHEDULE

AGENCY AssuredPartners, Lake Mary		NAMED INSURED Guidance Care Center Inc. PO Box 94738 Las Vegas, NV 89193-4738	
POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE: SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

INSURER AFFORDING COVERAGE: National Union Fire Insurance Company of Pittsburgh, PA

POLICY NUMBER: 018260362 EFF DATE: 09/21/2019 EXP DATE: 09/21/2020

TYPE OF INSURANCE: LIMIT DESCRIPTION: LIMIT AMOUNT:

Network Security Liability Per Claim: \$2,000,000
Aggregate: \$2,000,000

Certificate Holder is an added as an additional insured with regards to general liability but only with respect to operations of the Named Insured as required by written contract per 00 GL 0295 00 10 06.