

**1. ACTION REQUESTED/PURPOSE:**

Authorize Board of County Commissioners to sign the contract with Catholic Charities Diocese of Venice, Inc. to act as lead agency for the disbursement of Choose Life License Plate funds in Lee County.

**2. WHAT ACTION ACCOMPLISHES:**

Provides funds collected from the purchase of Choose Life License Plates in Lee County to a qualifying not-for-profit organization to be utilized according to Florida Statute 320.08058 (30).

**3. MANAGEMENT RECOMMENDATION:**

Recommend Approval

4. Departmental Category: 05

C5A

5. Meeting Date:

DEC 12 2006

6. Agenda:

- Consent
- Administrative
- Appeals
- Public
- Walk-On

7. Requirement/Purpose: (specify)

- Statute 320.08058 (30)
- Ordinance
- Admin. Code
- Other
- Laws of Florida

8. Request Initiated:

Commissioner N/A  
Department Human Services  
Division N/A  
By: Karen Hawes, Director

**9. Background:**

Proceeds from Choose Life License Plates sold in Lee County are returned to the county to be distributed to a not-for-profit agency for use in meeting the basic material needs of pregnant women who are committed to placing their child for adoption and care of newborn infants awaiting adoptive placement. A portion of funds may also be used for other eligible adoption related expenses such as counseling, training and advertising of the program. Funds may not be used for administrative expenses of the county or lead agency. Catholic Charities Diocese of Venice, Inc. will serve as lead agency and will work with local service providers to help locate and assist appropriate clients. Funds available during FY 2007 include \$61,881.09 carried forward from previous years and \$29,000.00 in funds received during FY2006, for a total of \$90,881.09.

Funds will be available in account: FC5690200100.508210.602

Attachment: Contract (3 originals)

**10. Review for Scheduling:**

Department Director	Purchasing or Contracts	Human Resources	Other	County Attorney	Budget Services				County Manager/P.W. Director
		N/A	N/A		Analyst	Risk	Grants	Mgr.	
									11-27-06

**11. Commission Action:**

- Approved
- Deferred
- Denied
- Other

RECEIVED BY COUNTY ADMIN:  
11-21-06 2:45  
MP.  
COUNTY ADMIN FORWARDED TO:  
PR @ 8:50  
11/27/06

Rec. by CoAtty  
Date: 11/21/06  
Time: 1:35 PM  
Forwarded To:  
Admin 11/21/06  
2:15



**LEE COUNTY**  
**SOUTHWEST FLORIDA**  
**BOARD OF COUNTY COMMISSIONERS**  
**DEPARTMENT OF HUMAN SERVICES**

**STATE MANDATED CONTRACT**

**with**

**Catholic Charities Diocese of Venice, Inc.**

**October 1, 2006 – September 30, 2007**

CSFA # \_\_\_\_\_  
CFDA # \_\_\_\_\_  
Contract No. \_\_\_\_\_  
Funding Source: State of Florida  
Department of Motor Vehicles  
Choose Life License Plates

STANDARD NONPROFIT CONTRACT/Line Item

**CONTRACT BETWEEN  
THE LEE COUNTY BOARD OF COUNTY COMMISSIONERS  
And  
CATHOLIC CHARITIES DIOCESE OF VENICE, INC**

**THIS CONTRACT** is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2006, between Lee County, hereinafter referred to as "**COUNTY**" and Catholic Charities Diocese of Venice, Inc., a Nonprofit Corporation existing under the laws of the State of Florida and, hereinafter referred to as "**PROVIDER**".

**WHEREAS, COUNTY** believes it to be in the public interest to provide certain activities to the Lee County residents through the **PROVIDER** according to this Contract, the agency's intent as stated in the proposal and attachments and/or exhibits, and all other terms and conditions as specified,

**NOW THEREFORE**, in consideration of the mutual covenants, promises, and representations contained herein **COUNTY** and the **PROVIDER** agree as follows:

**ARTICLE I            SCOPE OF SERVICES**

Agency will provide for the material needs of pregnant women who are committed to placing their child(ren) for adoption, as well as the care and needs of infants who are awaiting adoptive placement. In addition, funds may be used for adoption, counseling, training and advertising.

Program(s) must be implemented to serve residents of Lee County in accordance with Florida Statutes 320.08058 and 320.08062 and the approved exhibits/attachments. (Insert program description)

**ARTICLE II            TERM OF CONTRACT**

This Contract shall begin October 1, 2006 and end September 30, 2007 unless terminated as specified in Article VIII, Suspension/Termination.

**ARTICLE III            COMPENSATION AND REPORTS**

**A.    Contract Payment**

The **COUNTY** will make payments to the **PROVIDER** and the **PROVIDER** agrees to accept as full compensation the total amount not to exceed \$90,881.09. Payments will be authorized only for services provided during the term of the contract and prior to the payment request date. Payment is subject to the provisions of Article III B Deferred Payment/Return of Funds

and Article VIII, Suspension/Termination. Funding is contingent upon the availability of funds.

**B. Deferred Payment/Return of Funds**

The **COUNTY** may defer payment to the **PROVIDER** for noncompliance with contract deliverables or program requirements.

If as a result of monitoring or audit, unallowable or unsupported costs are found, no further payments will be made until the full amount of overpayment is remitted to Lee County or a repayment agreement is accepted by Lee County. If the monitoring or audit occurs after the term of this contract, the **PROVIDER** will be required to remit funds to the **COUNTY** in accordance with the repayment conditions below.

The **PROVIDER** agrees to return to the **COUNTY** any overpayments due to funds disallowed pursuant to the terms of this Contract. Such funds shall be considered **COUNTY** funds and must be refunded to the **COUNTY** within thirty (30) days of receiving notice from the **COUNTY** in writing regarding the overpayment. Should repayment not be made in a timely manner, the **COUNTY** will charge interest of one (1) percent per month compounded on the outstanding balance after forty (40) calendar days after the date of notification or discovery. The **PROVIDER** will be required to reimburse the **COUNTY** for any acts of non-compliance resulting in disallowed costs or fines.

**C. Contract Deliverables**

**1. Required Reports (check if included in contract )**

- EXHIBIT 1 - Payment Request for Line item contract- Due monthly by the 20<sup>th</sup> of the following month. All payments will be reimbursement for expenses already paid for services rendered during the contract period. Required documentation will include vendor invoice, payroll journal, or other original documentation, as well as a copy of the **PROVIDER'S** check.**
- EXHIBIT 2 – Program/Demographics – Due: 30 days following the end of the contract period.**
- EXHIBIT 3 – Performance Outcomes Report – Due: 30 days following the end of the contract period.**
- EXHIBIT 4 - Unit Rate Analysis Report – Due: 30 days following the end of the contract period.**
- EXHIBIT 5- Annual Report – Due: On or before October 20, 2007.**
- EXHIBIT 6 - Certificate of Insurance – Insert in contract.**
- EXHIBIT 7 – Statement of Work - Insert in contract.**
- EXHIBIT 8 Equipment/Fixed Assets Inventory Form- Due: 30 days from purchase of equipment or fixed assets, and annually on October 1.**

## 2. Required Documents

- Audited Financial Statement and Management Letter for fiscal year (s) in which contract funds are expended. – Due 180 days following the end of PROVIDER'S fiscal year (s).
- Monitoring Reports – A copy of monitoring reports provided by other agencies including the agencies response for programs funded by **COUNTY** will be due no later than **30 days** after receipt by the **PROVIDER**.

### D. Contract Closeout (check if required)

- Partnering for Results: Unit rate Analysis Report–Due: 30 days after contract end.
- Partnering for Results: Final Payment Request–Due: 4 days after contract end.
- HOME –Closeout package for each property – Due: **120 days** after closing.
- Supportive Housing Program and Shelter Plus Care – Final payment request and Annual Progress Report – Due: **45 days from last day of the 12 month period of service delivery (operating year).**
- CDBG – Final payment request and demographics reports – Due: **20<sup>th</sup> of the month after term end.**
- Challenge Grants – Final closeout payment request – **Due: no later than 10 days after the end of the contract term or project completion date.**
- State Mandated: Final Payment Request - **Due 4 days after end of contract.**

## ARTICLE IV      **AUDITS, MONITORING, AND RECORDS**

### A. Monitoring

The **PROVIDER** agrees to permit persons duly authorized by the **COUNTY** and the Federal or State grantor agency (if applicable) or any representatives to inspect all records, papers, documents, facility's goods and services of the **PROVIDER** and/or interview any clients and employees of the **PROVIDER** to be assured of satisfactory performance of the terms and conditions of this contract to the extent permitted by the law after giving the **PROVIDER** reasonable notice. The monitoring is a limited scope review of the contract and agency management and does not relieve the **PROVIDER** of its obligation to manage the grant in accordance with the applicable rules and sound management practices.

Following such monitoring the **COUNTY** will deliver to the **PROVIDER** a written report regarding the manner in which services are being provided. The **PROVIDER** will rectify all noted deficiencies within the specified period of time indicated in the monitoring report or provide the **COUNTY** with a reasonable and acceptable justification for not correcting the noted shortcomings. The **PROVIDER'S** failure to correct or justify the deficiencies within the time specified by the **COUNTY** may result in the withholding of payments, being deemed in breach or default, or termination of this Contract.

**PROVIDER** must supply **COUNTY** with copies of all monitoring reports of programs that are funded by the **COUNTY** including agency response, within thirty (30) days of receipt.

## **B. Audits and Inspections**

The **PROVIDER** will make all records referenced in Article IV. C. and all items included on financial statements available for audit or inspection purposes at any time during normal business hours and as often as **COUNTY** deems necessary.

The Clerk of Courts Internal Audit division, the Federal or State grantor agency (if applicable), Lee County employees, or any of their duly authorized representatives have the right of timely and unrestricted access to any books, documents, papers, or other records of **PROVIDER** or Certified Public Accountant (CPA) that are pertinent to the contract, in order to make audits, examinations, excerpts, transcripts and copies of such documents. If contract non-compliance or material weaknesses in the organization are noted, the **COUNTY** or other authorized representatives have the right to unlimited access to records during an audit or inspection. This includes timely and reasonable access to a **PROVIDER'S** personnel for the purpose of interview and discussion related to such documents.

## **C. Records**

The **PROVIDER** shall retain all financial, client demographic, and programmatic records, supporting documentation, statistical records and other records which are necessary to document service provision, client demographics, expenditures, income and assets of the **PROVIDER** by funding source, program, and functional expenses category during the term of this contract and five (5) years from the date of contract expiration. If any litigation, claim, negotiation, audit, or other action involving the records has been initiated before the expiration of the 5-year period, the records shall be retained for one (1) year after the final resolution of the action and final resolution of all issues that arise from such action.

## **D. Independent Audit**

An original, bound audit of the agency's financial statements in accordance with Generally Accepted Accounting Principals (GAAP) and/or current Generally Accepted Government Auditing Standards (GAGAS) as applicable is required and must include the following:

- auditor's opinion
- requisite reports on internal control and compliance, if required
- management letter addressing internal controls (Note: If there were no items to be addressed, the letter must still be completed and state that no comments were noted.)
- management's response to such letter
- the programs that are funded by this Lee County contract either in the statement of functional expenses, revenues and expenditures, footnotes, schedule of Federal awards and State financial assistance or as supplemental data in the financial statements. The statement should be consistent with programs detailed in the corresponding proposal(s), exhibit(s), and attachment(s).

The audit must be submitted to the **COUNTY** no later than one hundred eighty (180) days following the end of **PROVIDER'S** fiscal year along with any corrective action plan if applicable. Failure to submit the report within the required time frame will result in the withholding of payment requested, or termination of the contract by the **COUNTY**.

The audit must be conducted by an independent, licensed certified public accountant who has received an unmodified opinion on their current peer review and must be in accordance with

the General Accounting Office (GAO) Yellow Book, generally accepted Government Auditing Standards, OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations" if applicable, the Florida Single Audit Act (F.S. 215.97) if applicable, and the Auditor General Rule 10.550 (Government) or 10.650 (Not For Profit) as applicable.

## **ARTICLE V            AMENDMENTS**

**PROVIDER** must request a contract amendment in writing detailing the nature of and justification for the requested amendment. The **COUNTY** reserves the right to approve or deny all contract amendments. An approved amendment shall be documented on the contract amendment form and signed by both parties.

## **ARTICLE VI            CONTRACTOR STATUS**

### **A.    Independent Contractor**

It is the Parties' intention that the **PROVIDER** will be an independent contractor and not the County's employee for all purposes, including, but not limited to, the application of the Fair Labor Standards Act minimum wage and overtime payments, Federal Insurance Contribution Act, the Social Security Act, the Federal Unemployment Tax Act, the provisions of the Internal Revenue Code, Florida revenue and taxation law, Florida Worker's Compensation law and Florida Unemployment Insurance Law. The **PROVIDER** will retain sole and absolute discretion in the judgment of the manner and means of carrying out the **PROVIDER'S** activities and responsibilities hereunder. The **PROVIDER** agrees that it is a separate and independent enterprise from the public employer, that it has made its own investment in its business, and that it will utilize a high level of skill necessary to perform the work. This agreement shall not be construed as creating any joint employment relationship between the **PROVIDER** and **COUNTY**, and **COUNTY** will not be liable for any obligation incurred by the **PROVIDER**, including but not limited to unpaid minimum wages and /or overtime premiums.

### **B.    Subcontracts**

Primary roles and responsibilities of **PROVIDER** cannot be subcontracted. It is mutually agreed that any County-funded program component that is subcontracted by **PROVIDER** must have a written contract upon execution of this contract. The **PROVIDER** must ensure each subcontractor conforms to the terms and conditions of this contract and must be subject to indemnification as stated in Article VII.

## **ARTICLE VII            RISK MANAGEMENT**

### **A.    Indemnification**

The **PROVIDER** will defend, hold harmless, and indemnify the **COUNTY** from and against any and all liability, loss, claims, damages, wages or overtime compensation due its employees, costs, attorneys' fees, and expenses of whatever kind or nature which the **COUNTY** may sustain, incur, or be required to pay either by reason of the loss or improper use of any monies disbursed or to be disbursed hereunder including but not limited to fraud, embezzlement, or dishonesty on the part of any person represented or employed by the

**PROVIDER**, or by reason of the intentional or negligent act of the **PROVIDER** or its agents, representatives and/or employees.

The **PROVIDER** further agrees that it will, at its own expense, defend any and all claims, actions, suits, or proceedings that may be brought against the **COUNTY** in connection with the above and satisfy, pay, and discharge any and all judgments or other resolution of claims that may be entered against the **COUNTY** in any such action or proceedings.

The **PROVIDER** further agrees that it is responsible for any and all claims arising from the hiring of individuals relating to activities provided under the Contract. All individuals hired are employees of the **PROVIDER** and not of the **COUNTY**.

## **B. Insurance**

The **PROVIDER** agrees to secure and maintain the insurance coverage outlined below during the term of this Contract. The **PROVIDER** agrees that this insurance requirement shall not relieve or limit **PROVIDER'S** liability and that the **COUNTY** does not in any way represent that the insurance required is sufficient or adequate to protect the **PROVIDER'S** interests or liabilities, but are merely minimums. It is the responsibility of the provider to insure that all subcontractors comply with the insurance requirements.

Certificate(s) of Insurance ***naming Lee County Board of County Commissioners as Certificate Holder*** will be attached to this contract as an exhibit. Certificate(s) must be provided for the following:

1. **Workers' Compensation** – Statutory benefits as defined by Florida Statute 440 encompassing all operations contemplated by this contract or agreement to apply to all owners, officers, and employees. Employers' liability will have minimum limits of:  
\$100,000 per accident  
\$500,000 disease limit  
\$100,000 disease limit per employee
2. **Commercial General Liability** – Coverage shall apply to premises and/or operations, products and/or completed operations, independent contractors, contractual liability, and broad form property damage exposures with minimum limits of:  
\$100,000 bodily injury per person (BI)  
\$300,000 bodily injury per occurrence (BI)  
\$100,000 property damage (PD) or  
\$300,000 combined single limit (CSL) of BI and PD

The General Liability Policy Certificate shall name "**Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials**" as "**Additional Insured**". The **PROVIDER** agrees that the coverage granted to the Additional Insured applies on a primary basis, with the Additional Insured's coverage being excess.

3. **Business Auto Liability** – The following Automobile Liability will be required and coverage shall apply to all owned, hired and non-owned vehicles use with minimum limits of:  
\$100,000 bodily injury per person (BI)  
\$300,000 bodily injury per occurrence (BI)



\$100,000 property damage (PD) or  
\$300,000 combined single limit (CSL) of BI and PD

4. **Directors & Officers Liability** – Entity coverage to cover claims against the organization directly for wrongful acts with limits not less than \$100,000.
5. **Fidelity Bonding** – Covering all employees who handle the agency's funds. The bond amount must be equivalent to the highest daily cash balance or a minimum amount of \$50,000.

**C. Notice of cancellation or modification**

Lee County will be given thirty (30) days notice prior to cancellation or modification of any stipulated insurance. Such notification will be in writing by registered mail, return receipt requested and addressed to the Lee County Risk Manager, P. O. Box 398, Ft. Myers, FL 33902.

**ARTICLE VIII      SUSPENSION/TERMINATION**

**A. Suspension**

The **COUNTY** reserves the right to suspend funding for failure to comply with the requirements of this contract.

In the event **PROVIDER** ceases operation for any reason or files for protection from creditors under bankruptcy law, any remaining unpaid portion of this Contract, less funds for expenditures already incurred, shall be retained by the **COUNTY** and the **COUNTY** shall have no further funding obligation to the **PROVIDER** with regard to those unpaid funds.

**B. Termination by COUNTY**

The **COUNTY** may at any time and for any reason cancel this Contract by giving twenty-four (24) hours written notice to the **PROVIDER** by certified mail following a determination by the Board of County Commissioners, at its sole discretion, that such cancellation is in the best interest of the people of the county. From the date of cancellation, neither party shall have any further obligation unless specified in the termination notice.

**C. Termination by PROVIDER**

The **PROVIDER** may at any time and for any reason cancel this Contract by giving seventy-two (72) hours prior written notice to the **COUNTY** by certified mail of such and specifying the effective date.

**COUNTY'S** obligation to make any payments under any provision of this Contract shall cease on the effective date of termination.

**ARTICLE IX      ASSURANCE, CERTIFICATIONS, AND COMPLIANCE**

The **PROVIDER** agrees that compliance with these assurances and certifications constitutes a condition of continued receipt of or benefit from funds provided through this Contract, and that it is binding upon the **PROVIDER**, its successors, transferees, and assignees for the period during which services are provided.

The **PROVIDER** further assures that all contractors, subcontractors, or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of statutes, regulations, guidelines and standards. By acceptance of this funding, the **PROVIDER** assures and certifies the following:

- A. That they will comply with all applicable laws, ordinances and regulations of the United States, the State of Florida, the **COUNTY**, and the municipalities as said laws, ordinances and regulations exist and are amended from time to time. In entering into this contract, the **COUNTY** does not waive the requirements of any **COUNTY** or local ordinance or the requirements of obtaining any permits or licenses that are normally required to conduct business or activity contemplated by the **PROVIDER**.
- B. That they will comply with all federal, state and local anti-discrimination laws that are applicable to the **PROVIDER**.
- C. That they will administer its programs under procedures, supervision, safeguards, and such other methods as may be necessary to prevent fraud and abuse, and that it will target its services to those who most need them.
- D. That if clients are to be transported under this contract, the **PROVIDER** will comply with the provisions of Chapter 427, Florida Statutes, which requires the coordination of transportation for the disadvantaged.
- E. That any products or materials purchased with contract funds shall be procured in accordance with the provisions of Chapter 403.7065, Florida Statutes, which refers to the procurement of products or materials with recycled content.
- F. That they will comply with Chapter 39.201, Florida Statutes, that any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, as defined in this chapter, shall report such knowledge or suspicion to the Central Abuse Hotline (1-800-962-2873).
- G. That they will comply with Chapter 415.1034, Florida Statutes, that any person who knows or has reasonable cause to suspect that a vulnerable and or disabled adult has been abused, neglected, or exploited, shall immediately report such knowledge or suspicion to the National Center on Elder Abuse Hotline (1-800-962-2873).
- H. That if personnel in programs under this contract work directly with children or youths and vulnerable or disabled adults, the **PROVIDER** will comply with the provisions of Chapters 435.03 and 435.04, Florida Statutes, which requires employment screening.
- I. That they will comply with Chapter 216.347, Florida Statutes, which prohibits the expenditure of contract funds for the purpose of lobbying the legislature, state or

county agencies.

- J. That they will notify the **COUNTY** immediately of any funding source changes and/or additions from other sources that are different from that shown in the **PROVIDER'S** application. This notification must include a statement as to how this change in funding affects provision of service as well as the use of and continued need for **COUNTY** funds.
- K. That they will acknowledge support for activities funded wholly or in part by **COUNTY** funds.
- L. That they will notify the **COUNTY** of any **SIGNIFICANT** changes to the **PROVIDER** organization to include articles of incorporation and bylaws within ten (10) working days of the effective date.

**ARTICLE X            HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT  
(HIPAA)**

Lee County, pursuant to the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") is a "covered entity" as the law defines that term. Any "personal health information" ("PHI") as defined by the law that the County receives pursuant to this Agreement is subject to the disclosure and security requirements of HIPAA. Transfer of information to the County sufficiently "de-identified" to no longer be considered PHI is encouraged as being in the best interest of client PHI confidentiality to the extent that client services are unaffected. Particular methods to accomplish the highest levels of client service coupled with PHI confidentiality shall be an on-going task of the effected staffs of the County and **PROVIDER**.

**ARTICLE XI NOTICES**

Official notices concerning this Contract shall be directed to the following authorized representatives:

**PROVIDER:**

Name: Peter Routsis-Arroyo  
Title: President/C.E.O.  
Agency: Catholic Charities Diocese of Venice, Inc.  
Address: 1000 Pinebrook Road  
Venice, FL 34285  
Telephone: (941) 488-5581  
Fax: (941) 486-4756  
E-Mail: lasorsa@dioceseofvenice.org

**COUNTY:**

Name: Attn: Kim Stryker  
Title: Contract Specialist  
Agency: Department of Human Services  
Address: 2440 Thompson Street  
Fort Myers, Florida 33901  
Telephone: (239) 533-7924  
Fax: (239) 533-7960  
E-Mail: kstryker@leegov.com

The signatures of the **two** persons shown below are designated and authorized to sign all applicable reports:

Robert C. Johnson  
Name (printed/typed)  
Robert C. Johnson  
Signature  
C.F.O.  
Title

OR

Elizabeth LaSorsa  
Name (printed/typed)  
Elizabeth LaSorsa  
Signature  
Accounting Clerk  
Title

In the event that either party designates different representatives after execution of this contract, notice of the name and address of the new representative will be rendered in writing by authorized officer of **PROVIDER** to the **COUNTY**. The notification shall be attached to originals of this contract.

**ARTICLE XII SPECIAL PROVISIONS**

If needed, **PROVIDER** may be called upon to assist **COUNTY** during a natural disaster or emergency.

**ARTICLE XIII ALL TERMS AND CONDITIONS INCLUDED**

This contract and its attachments, and any exhibits referenced in said attachments, together with any documents incorporated by reference, contain all the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and this contract shall supersede all previous communications, representations, or agreements, either verbal or written between the parties. If any term or provision of this contract is legally determined unlawful or unenforceable, the remainder of the contract shall remain in full force and

effect and such terms or provisions shall be stricken.

**IN WITNESS THEREOF, PROVIDER and COUNTY** have caused this 11-page contract and all Contract Exhibits and Attachments as indicated on next page to be executed by their undersigned officials as duly authorized.

**PROVIDER:**

By: Peter Routsis-Arroyo  
Name(print)

Peter Routsis-Arroyo  
(Signature of authorized officer)

President/C.E.O.  
Title

10/31/06  
Date

Date

**STATE OF FLORIDA  
COUNTY OF LEE**

The foregoing instrument was acknowledged before me this 31 day of OCTOBER, 2006,

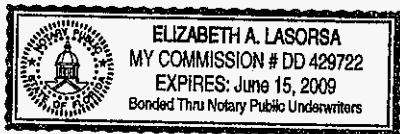
by PETER Routsis-Arroyo who is personally known

to me or who has produced \_\_\_\_\_ as identification and who  did  did not take an oath.

**NOTARY:**

By: Elizabeth A. LaSorsa  
Notary of Public (Signature)

Name (typed) ELIZABETH A. LASORSA



**COUNTY: LEE COUNTY**

By \_\_\_\_\_  
Name (print)

\_\_\_\_\_  
(Signature of authorized officer)  
Chair, Board of County Commissioners  
Title

Date

**ATTEST: CLERK OF CIRCUIT COURT**

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**APPROVED AS TO FORM:  
COUNTY ATTORNEY'S OFFICE**

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Lee County  
Department of Human Services

CONTRACT EXHIBITS & ATTACHMENTS

*Check applicable items:*

EXHIBITS

(Required Reports/Documentation):

- |             |                                  |
|-------------|----------------------------------|
| ✓ Exhibit 1 | Payment Request                  |
| ✓ Exhibit 2 | Program/Demographics/ Report     |
| Exhibit 3   | Performance Outcomes Report      |
| Exhibit 4   | Unit Cost Analysis Report        |
| ✓ Exhibit 5 | Annual Report                    |
| ✓ Exhibit 6 | Certificates of Insurance        |
| ✓ Exhibit 7 | Statement of Work                |
| Exhibit 8   | Equipment/Fixed Assets Inventory |

ATTACHMENTS

None

## EXHIBIT 1 PAYMENT REQUEST

Mail to: Lee County Department of Human Services  
 ATTN: Contracts Specialist  
 2440 Thompson Street  
 Fort Myers, FL 33901  
 Please call Human Services with any questions.  
 Tel. (239) 533-7924 FAX (239) 533-7960  
 E-mail: [kstryker@leegov.com](mailto:kstryker@leegov.com)

Contract No. \_\_\_\_\_ Agency: CATHOLIC CHARITIES, DIOCESE OF VENICE  
 Modification No. \_\_\_\_\_ Mailing Address: 1000 Pinebrook Road  
 Venice, FL 34285  
 Date approved: \_\_\_\_\_  
 Expenditures for period: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Phone: (941) 441-1127  
 Check appropriate line: \_\_\_\_\_ Fax: (941) 484-1121  
 \_\_\_\_\_ Regular Reimbursement E-mail: [lasorsa@dioceseofvenice.org](mailto:lasorsa@dioceseofvenice.org)  
 \_\_\_\_\_ Final Reimbursement

Payment Requests are due by the 20th calendar day after the end of the reporting period.  
 Support documentation must be attached.  
 Final payment request is due October 4, 2007.

a. Approved Budget Cost Categories	b. Approved Budget Amount	c. Balance fwd. Previous Reimbursement Request	d. Paid Expenditures for Report Period	e. Paid Expenditures Y-T- D	f.. Remaining Balance Y-T-D
PRIMARY SERVICE: 70%- Material needs such as: Clothing, Food, Housing, Medical care, Utilities, Transportation	\$ 63,616.76			\$ -	\$ 63,616.76
SECONDARY SERVICE: 30% Adoption, Counseling, Training, Advertising *	\$ 27,264.33			\$ -	\$ 27,264.33
<b>Total:</b>	<b>\$ 90,881.09</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 90,881.09</b>

PROVIDER: I certify that all transactions reported in Exhibit 1 have been made in compliance with all applicable statutes and regulations, and in accordance with the approved County contract.

Signature of Authorized Official: \_\_\_\_\_

Date approved: \_\_\_\_\_

FOR LEE COUNTY USE ONLY	
AUTHORIZED BY	_____
AMOUNT:	\$ -
DATE:	_____

\* At least 70% of final actual expenses must be used for primary services.

**EXHIBIT 2**  
**DEMOGRAPHICS OF CLIENTS SERVED IN PROGRAM**  
**CHOOSE LIFE (CATHOLIC CHARITIES, DIOCESE OF VENICE, INC.)**

Reporting Period: October 1, 2006 - September 30, 2007

UNDUPLICATED CLIENT CHARACTERISTICS		# of Clients served in Program
<b>AGE GROUP</b>		
	5 and under	
	6 - 12 years	
	13 - 17 years	
	18 - 30 years	
	31-50 years	
	51-61 years	
	62 and over	
	Not collected	
	<b>Total</b>	0
<b>GENDER</b>		
	Male	
	Female	
	Not collected	
	<b>Total</b>	0
<b>RACE</b>		
	American Indian or Alaska Native	
	Asian	
	Black or African American	
	Native Hawaiian or Pacific Islander	
	White	
	Not collected	
	<b>Total</b>	0
<b>ETHNICITY</b>		
	Hispanic or Latino	
	Not Hispanic or Latino	
	Not collected	
	<b>Total</b>	0
<b>LEGAL RESIDENCE AT REFERRAL</b>		
	Alva (33920)	
	Bonita Springs (34133, 34134, 34135, 34136)	
	Cape Coral (33904,33909, 33910, 33914, 33915, 33990, 33991, 33993)	
	East Fort Myers (33905, 33994)	
	Ft. Myers Beach/Estero (33928, 33931, 33932)	
	Fort Myers (33901, 33902, 33916, 33965)	
	Lehigh Acres (33936, 33970, 33971, 33972)	
	North Fort Myers (33903, 33917, 33918)	
	Pine Island/Boca Grande (33921, 33922, 33945, 33956)	
	Sanibel/Captiva (33924, 33957)	
	South Ft. Myers (33906, 33907, 33908, 33911, 33912, 33913, 33919)	
	Out of county	
	Not collected	
	<b>Total</b>	0
<b>INCOME LEVEL</b>		
	Very low (30% of Median)	
	Low (60% of Median)	
	Low/Mod (80% of Median)	
	Not collected	
	<b>Total</b>	0



**Exhibit 5  
ANNUAL CHOOSE LIFE SPECIALTY LICENSE PLATE REPORT  
TO DHSMV BY COUNTY**

County \_\_\_\_\_

Fiscal Year Ending \_\_\_\_\_

County Prior Year Ending Balance	\$ _____
Annual Plate Fees Received From State	\$ _____
Interest Earned on Fees	\$ _____
Total Available for Distribution by the County	\$ _____
Annual Plate Fees Distributed to Agencies	\$ _____
Interest Earned by Agencies on Fees	\$ _____
Total Available for Agency Expenditures	\$ _____

**Annual Plate Fee Expenditures By Agencies**

<b>Primary:</b>	Women	Infants	Total
Clothing			
Housing			
Medical Care			
Food			
Utilities			
Transportation			
Other Material Needs			
<b>Total Primary Expenditures</b>			\$ _____

<b>Secondary:</b>	Women	Infants	Total
Counseling			
Training			
Advertising			
Adoption			
<b>Total Secondary Expenditures</b>			\$ _____

Total Primary <b>and</b> Secondary Expenditures	\$ _____
Primary expenses as a % of total Expenditures	_____ %
Secondary expenses as a % of total Expenditures	_____ %
Percentage of Distributed Fees Utilized	_____ %
Amount Returned by Agency (if any) to County	\$ _____
Amount Retained by Agency (if any)	\$ _____
County Fiscal Year Ending Balance	\$ _____

We certify that all recipient agencies and the County have complied with Florida Statutes, 320.08056 and 320.08058.(30)

\_\_\_\_\_  
Chair, Board of County Commissioners

\_\_\_\_\_  
Date



Exhibit 5

UNDER PENALTY OF PERJURY I DO HEREBY SWEAR OR AFFIRM THAT NO FEES RECEIVED FROM THE SPECIALTY LICENSE PLATE PROGRAM, OR INTEREST FROM THE INVESTMENT OF THOSE FEES HAVE BEEN EXPENDED FOR COMMERCIAL OR FOR-PROFIT ACTIVITIES NOR FOR GENERAL OR ADMINISTRATIVE EXPENSES EXCEPT AS AUTHORIZED BY F.S. s. 320.08056 AND 320.08058 OR 320.08068 OR TO PAY THE COST OF THE AUDIT OR REPORT REQUIRED BY F.S. s. 320.08062 AND THAT THE INFORMATION DISCLOSED IN THIS DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
(Signature of organization head) (Date)

\_\_\_\_\_  
(Printed name) (Title)

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_  
(Month)  
\_\_\_\_\_, BY \_\_\_\_\_  
(Year) (Name of person making statement)

**WHO**

(Check one)

\_\_\_\_ IS PERSONALLY KNOWN TO ME, OR  
\_\_\_\_ PRODUCED IDENTIFICATION \_\_\_\_\_  
(Type of ID produced)

\_\_\_\_\_  
(Signature of notary public) (Print, Type, or Stamp commissioned name of notary public)

**Return-Address:**

**Division of Motor Vehicles  
Bureau of Titles and Registrations  
Specialty License Plate Section, Mail Stop 74  
Neil Kirkman Building  
Tallahassee, Florida 32399-0500**

Phone # (850) 414-8917

EXHIBIT 6  
CERTIFICATES OF INSURANCE

Insert Certificates of Insurance naming  
***Lee County Board of County Commissioners***

as

**Certificate Holder**

as required in Article VII, for the following policies:

- Worker's Compensation
- General Liability
- Business Auto Liability
- Directors & Officers Liability
- Fidelity Bonding

The General Liability Policy Certificate must name

***"Lee County, a political subdivision and Charter  
County of the State of Florida, its agents, employees,  
and public officials"***

as

**"Additional Insured".**

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 06/09/06
<b>PRODUCER</b> 1-305-592-6080 Arthur J. Gallagher Risk Management Services Arthur J. Gallagher & Co. (Florida) 2200 N.W. 41st Street Suite 200 Miami, FL 33166		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.
<b>INSURED</b> Diocese of Venice CATHOLIC CHARITIES OF THE DIOCESE OF VENICE, INC 1000 PINEBROOK ROAD  VENICE, FL 34292		
<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>
INSURER A: Continental Cas Co		20443
INSURER B: Princeton Excess & Surplus Lines Ins		10786
INSURER C: NATIONAL CATHOLIC RRG		10083
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 TR	INSRP	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
B		GENERAL LIABILITY	G2-A3-EX-000001501	04/01/06	04/01/07	EACH OCCURRENCE	\$1,000,000
C		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	RRG1053-07	04/01/06	04/01/07	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ Included
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$Nil
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$ N/A
						PRODUCTS - COMPROP AGG	\$1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:					
		<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
C		AUTOMOBILE LIABILITY	RRG1053-07	04/01/06	04/01/07	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
B		<input checked="" type="checkbox"/> ANY AUTO	G2-A3-EX-000001501	04/01/06	04/01/07	BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		GARAGE LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> ANY AUTO				AGGREGATE	\$
		EXCESS UMBRELLA LIABILITY					\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE					\$
		DEDUCTIBLE					\$
		RETENTION \$					\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	W128590092	04/01/06	04/01/07	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
B		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? INCL EXCL	G2-A3-EX-000001501	04/01/06	04/01/07	E.L. EACH ACCIDENT	\$1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
		OTHER				E.L. DISEASE - POLICY LIMIT	\$1,000,000
B		Director's and Officers	G2-A3-EX-000001501	04/01/06	04/01/07	Per Loss	1,000,000
C		Director's and Officers	RRG1053-07	04/01/06	04/01/07	Per Loss	1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 Wherever Insurer A is shown: \$250,000 Self Insured Retention is included within the limits.

THE CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED RESPECTS TO THE GENERAL LIABILITY COVERAGE.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
LEE COUNTY BOCC RISK MANAGEMENT P.O. BOX 398 FT. MYERS, FL 33902 USA	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. AUTHORIZED REPRESENTATIVE <i>[Signature]</i>

## IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

# ACORD CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YY)  
05/02/06

PRODUCER  
1-305-592-6080  
Arthur J. Gallagher Risk Management Services  
Arthur J. Gallagher & Co. (Florida)  
8200 N.W. 41st Street  
Suite 200  
Miami, FL 33166

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.

### COMPANIES AFFORDING COVERAGE

- COMPANY  
A Travelers Cas & Surety Co
- COMPANY  
B
- COMPANY  
C
- COMPANY  
D

INSURED  
Diocese of Venice  
CATHOLIC CHARITIES OF THE DIOCESE OF VENICE, INC  
1000 PINEBROOK ROAD  
VENICE, FL 34292

### COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS
	<input type="checkbox"/> PROPERTY <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> FLOOD				<input type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	<input type="checkbox"/> INLAND MARINE TYPE OF POLICY CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS <input type="checkbox"/> OTHER					\$ \$ \$ \$ \$
A	<input checked="" type="checkbox"/> CRIME TYPE OF POLICY Fidelity	104071050	04/01/06	04/01/07	<input checked="" type="checkbox"/> Employee Dish	\$ 2,000,000
	<input type="checkbox"/> BOILER & MACHINERY					\$
	<input type="checkbox"/> OTHER					\$

LOCATION OF PREMISES/DESCRIPTION OF PROPERTY

SPECIAL CONDITIONS/OTHER COVERAGES

THE CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED RESPECTS TO THE GENERAL LIABILITY COVERAGE.

### CERTIFICATE HOLDER

LEE COUNTY BOCC  
RISK MANAGEMENT  
P.O. BOX 398  
FT. MYERS, FL 33902

### CANCELLATION

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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE *[Signature]*

ACORD 24 (1/95) barbros

USA

© ACORD CORPORATION 1995

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/29/06

PRODUCER 1-305-592-6080  
Arthur J. Gallagher Risk Management Services  
Arthur J. Gallagher & Co. (Florida)  
8200 N.W. 41st Street  
Suite 200  
Miami, FL 33166  
Antonio B. Abella - A000306

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  
Diocese of Venice  
CATHOLIC CHARITIES OF THE DIOCESE OF VENICE, INC  
1000 PINEBROOK ROAD  
  
VENICE, FL 34292

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Continental Cas Co	20443
INSURER B: Princeton Excess & Surplus Lines Ins	10786
INSURER C: NATIONAL CATHOLIC RRG	10083
INSURER D:	
INSURER E:	

## COVERAGES

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INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
C	GENERAL LIABILITY	RRG1053-07	04/01/06	04/01/07	EACH OCCURRENCE \$1,000,000
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	G2-A3-EX-000001501	04/01/06	04/01/07	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Included MED EXP (Any one person) \$ Nil PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ N/A PRODUCTS - COMP/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
C	AUTOMOBILE LIABILITY	RRG1053-07	04/01/06	04/01/07	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
B	<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	G2-A3-EX-000001501	04/01/06	04/01/07	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 <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	W128590092	04/01/06	04/01/07	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? INCL EXCL If yes, describe under SPECIAL PROVISIONS below	G2-A3-EX-000001501	04/01/06	04/01/07	E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
Wherever Insurer A is shown: \$250,000 Self Insured Retention is included within the limits  
  
LEE COUNTY, A POLITICAL SUBDIVISION AND CHARTER COUNTY IF THE STATE OF FLORIDA, ITS AGENTS, EMPLOYEE, AND PUBLIC OFFICIALS NAMED AS ADDITIONAL INSURED AS RESPECTS TO GENERAL LIABILITY

## CERTIFICATE HOLDER

LEE COUNTY BOARD OF COUNTY COMMISSIONER  
RISK MANAGEMENT  
  
P.O. BOX 398  
  
FT. MYERS, FL 33902  
  
USA

## 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.  
AUTHORIZED REPRESENTATIVE *[Signature]*



## **IMPORTANT**

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## **DISCLAIMER**

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**EXHIBIT 7  
STATEMENT OF WORK-PROGRAM DESCRIPTION**

Name of Agency: Catholic Charities Diocese of Venice

Program: Choose Life (License Plate Funds / Adoption Assistance)

*Describe the program being funded; include the following:*

- 1) *Hours, days, location of operation* **Monday – Friday 9:00 AM to 5:00 PM**
- 2) *Activities/services provided* **Financial assistance (through payment to vendors) for those who meet the criteria established in FL Statute 320.08058**
- 3) *Target population* **Pregnant women who have committed to placing their unborn child(ren) for adoption**
- 3) *Ratio of staff to clients* **1 staff to 20 clients**
- 4) *Fees charged if applicable* **None**
- 5) *Number of clients to be served* **Approximately 20 to 25**