

RESOLUTION No. 2007-47-554

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF MIAMI GARDENS, FLORIDA, AUTHORIZING THE CITY MANAGER AND CITY CLERK TO EXECUTE AND ATTEST, RESPECTIVELY, THAT CERTAIN AGREEMENT BETWEEN THE CITY OF MIAMI GARDENS AND THE CHILDREN'S TRUST OF MIAMI-DADE COUNTY FOR THE "CHILD MURDER AND YOUTH VIOLENCE PREVENTION INITIATIVE," A COPY OF WHICH IS ATTACHED HERETO AS EXHIBIT "A;" AUTHORIZING THE CITY MANAGER AND CITY CLERK TO EXECUTE AND ATTEST, RESPECTIVELY, MEMORANDUMS OF UNDERSTANDING WITH ALL PROVIDERS WHO WILL BE PROVIDING SERVICES PURSUANT TO THE AGREEMENT, IN SUBSTANTIAL FORM AS THAT AGREEMENT ATTACHED HERETO AS EXHIBIT "B;" PROVIDING FOR INSTRUCTIONS TO THE CITY CLERK; PROVIDING FOR THE ADOPTION OF REPRESENTATIONS; PROVIDING AN EFFECTIVE DATE.

WHEREAS, recently there has been a proliferation of murders of children in the City of Miami Gardens, and

WHEREAS, the Board of Directors of the Children's Trust, through Commissioner Barbara Jordan, is seeking proposals from qualified applicants to implement comprehensive violence prevention programs in local neighborhoods, and

WHEREAS, the City of Miami Gardens was selected to partner with the Children's Trust by collaborating with local agencies to create programs for the reduction of violent acts, and

WHEREAS, the Children's Trust has granted funding to the City of Miami Gardens in the amount of \$750,000 for this purpose ("Grant"), and

WHEREAS, in accordance with the Agreement, the City of Miami Gardens will be required to enter into Memorandums of Understanding with all third party agencies that will be providing any services in accordance with the Grant,

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF MIAMI GARDENS, FLORIDA, as follows:

Section 1. ADOPTION OF REPRESENTATIONS: The foregoing Whereas paragraphs are hereby ratified and confirmed as being true, and the same are hereby made a specific part of this Resolution.

Section 2. AUTHORITY: The City Manager and City Clerk are hereby authorized and directed to execute and attest, respectively, that certain Agreement between the City of Miami Gardens and the Children's Trust of Miami-Dade County for the "Child Murder and Youth Violence Prevention Initiative," a copy of which is attached hereto as Exhibit "A," and Memorandums of Understanding with all providers who will be providing services pursuant to the contract, in substantial form as that Agreement attached hereto as Exhibit "B."

Section 3. INSTRUCTIONS TO THE CITY CLERK: The City Clerk is hereby authorized to obtain three (3) fully executed copies of the subject Agreement, with one to be maintained by the City; with one to be delivered to the Children's Trust of Miami-Dade County, and with one to be directed to the Office of City Attorney.

Section 4. EFFECTIVE DATE: This Resolution shall take effect immediately upon its final passage.

PASSED AND ADOPTED BY THE CITY COUNCIL OF THE CITY OF MIAMI GARDENS AT ITS REGULAR MEETING HELD ON MARCH 14, 2007.

ATTEST:


RONETTA TAYLOR, CMC, CITY CLERK


SHIRLEY GIBSON, MAYOR

Resolution No. 2007-47-554

Prepared by SONJA KNIGHTON DICKENS, ESQ.
City Attorney

SPONSORED BY: DANNY CREW, CITY MANAGER

MOVED BY: Councilwoman Watson
SECONDED BY: Councilman Campbell

VOTE: 6-0

Mayor Shirley Gibson	<u> x </u> (Yes)	<u> </u> (No)	
Vice Mayor Oscar Braynon, II	<u> </u> (Yes)	<u> </u> (No)	Excused Absence
Councilman Melvin L. Bratton	<u> x </u> (Yes)	<u> </u> (No)	
Councilman Aaron Campbell	<u> x </u> (Yes)	<u> </u> (No)	
Councilman André Williams	<u> x </u> (Yes)	<u> </u> (No)	
Councilwoman Sharon Pritchett	<u> x </u> (Yes)	<u> </u> (No)	
Councilwoman Barbara Watson	<u> x </u> (Yes)	<u> </u> (No)	

City of Miami Gardens

1515-200 NW 167th Street
Miami Gardens, Florida 33169



Mayor Shirley Gibson
Vice Mayor Oscar Braynon II
Councilman Melvin L. Bratton
Councilman Aaron Campbell Jr.
Councilman André Williams
Councilwoman Sharon Pritchett
Councilwoman Barbara Watson

MEMORANDUM

To: Mayor and City Council

From: Danny O. Crew, City Manager

Date: March 14, 2007

Re: **CONTRACT BETWEEN CITY OF MIAMI GARDENS AND THE CHILDREN'S TRUST FOR CHILD MURDER AND YOUTH VIOLENCE PREVENTION INITIATIVE**

BACKGROUND INFORMATION:

Recent senseless murders of our children drove the Board of Directors of the Children's Trust, spearheaded by Commissioner Barbara Jordan, to seek proposals from qualified applicants to implement comprehensive violence prevention programs in local neighborhoods.

The City of Miami Gardens led the effort to build a collaborative partnership with several government agencies and community-based organizations throughout the Miami Gardens and Opa-Locka communities, which resulted in a proposal to reduce violent actions against youth by providing services to 4569 youth between the ages of 5-18 and 200+ parents.

At the December 2006 Board meeting of the Children's Trust, the City of Miami Gardens' proposal received unanimous approval to be fully funded in the amount of \$750,000.

Attorneys from both parties are finalizing the contractual agreement. Attached you will find this draft contract. In addition, Memorandums of Understandings will be established between the City of Miami Gardens and the various collaborators to ensure services are delivered and desired targets are met.

RECOMMENDATION:

It is recommended that the Council approve this resolution to allow the City Manager to negotiate a contract with the Children's Trust in the amount of \$750,000; thus allowing staff to proceed with enacting components of the proposal with the various collaborators.

**J-3) CONSENT AGENDA
RESOLUTION
CHILD MURDER & YOUTH
VIOLENCE PREVENTION
INITIATIVE**

**CONTRACT BETWEEN THE CHILDREN'S TRUST
AND
City of Miami Gardens
FOR Child Murder and Youth Violence Prevention Initiative**

This Contract, made this **1st** day of **February, 2007**, by and between **The Children's Trust**, an independent special taxing district of Miami-Dade County (hereafter referred to as "The Trust") **located at 3150 SW 3rd Avenue./8th Floor, Miami, Florida, 33129** and **City of Miami Gardens**, having offices at **1515 NW 167th Street, Bldg 5, Suite 200 Miami, Florida 33169** (hereafter referred to as "Provider") (jointly referred to as "The Parties") state, conditions and covenants for the rendering of services to children and families (hereafter referred to as "Services") for The Trust.

WHEREAS, Miami-Dade Ordinance 02-247 authorizes The Trust to provide for the health, development and safety of children and families throughout Miami-Dade County; and

WHEREAS, the Provider provides or agrees to develop Services of value to The Trust and to children and families of Miami-Dade County as more specifically set forth in this Contract, and has demonstrated an ability to provide these Services; and

WHEREAS, The Trust desires that Provider provide those Services and the Provider desires to provide such Services; and

WHEREAS, The Trust has appropriated funds for the proposed Services,

NOW, Therefore, in consideration of the mutual covenants recorded herein, the parties agree as follows:

I. Scope of services

The Provider agrees to render Services in accordance with the scope of services and evaluation measures incorporated and attached hereto as Attachments A (the "Services"). The Provider will implement the Services in a manner deemed satisfactory solely to The Trust. Any modification or amendment to the Services shall not be effective without prior written approval by The Trust's Chief Executive Officer (hereinafter referred to as CEO) and Provider. The amended scope of services, subject to approval by the CEO, must be submitted sixty (60) days prior to the expiration of the Contract.

Provider agrees that all funding provided by the Trust, pursuant to this Contract will be used exclusively for Services in and for the benefit of Miami-Dade County residents.

II. Adherence to request for proposal

A. Adherence to Funding Proposal and Obligation to Provide Services

Provider agrees to comply with the standards and requirements established under The Trust's Request for Proposal (RFP) and/or Invitation To Negotiate (ITN) document which is incorporated by reference as if set forth in its entirety herein. In addition, the Provider agrees to provide The Trust with the program and services described in Provider's response to the RFP and/or ITN. Where any terms or conditions provided for under the (RFP) and /or ITN conflict with the terms and conditions in this Contract and/or its attachments, the language of this Contract and/or its attachments shall control.

Not later than 90 days after the contract is funded, grantees from each focus area will form a joint coordinating body to provide a locus for countywide collaborative endeavors, including community advocacy on issues that may be better addressed on a county-wide basis.

III. Effective term

A. Initial Contract Period

The Parties agree that the initial effective term of this Contract shall be from **February 1, 2007 to January 31, 2008.**

B. Contract renewal options

This Contract may be renewed for a term equal to the term of the initial contract for up to three years. Exercise of the renewal option is at the sole discretion of The Trust and shall be contingent upon but not limited to the following:

1. Continued demonstrated and documented need for the Services or priority area of funding;
2. Program performance by the Provider that is deemed satisfactory in The Trust's sole discretion; and
3. The availability of funds from The Trust. The Trust is prohibited from creating obligations in anticipation of budgeted revenues from one fiscal year to another without extension provisions in the agreement.

The Trust, at least 60 days before the Contract period expires, will notify Providers of its intent to renew the contract. Contract renewal amounts will be negotiated and approved in writing at least 30 days prior to contract renewal.

IV. Amount payable

Subject to available funds, the maximum amount payable for Services rendered under this Contract shall not exceed **\$750,000.00**. The Parties agree that should available funding to The Trust be reduced: A) the amount payable under this Contract may be proportionately reduced at the sole option of The Trust with a proportionate reduction in the Services; or B) this Contract may be terminated at the sole option of The Trust. Should funding to the Trust cease or be reduced this Contract may be terminated at the sole discretion and option of The Trust.

V. Funding terms and conditions

A. Cost Reimbursement

The Parties agree that this is a cost reimbursement Contract, and the provider will be paid based on actual expenditures. Provider will submit a monthly expenditure report in accordance with the approved budget as set forth in Attachment B, and units served information as prescribed by The Trust. The Trust reserves the right to review the actual demographic and attendance records on a quarterly basis to ensure that the minimum units served are in compliance. If the Provider fails to serve the number of units in accordance with the Contract, the Trust may amend the Contract to reduce the amount of dollars representing the number of units not provided. Any delay in amendment by The Trust is not deemed a waiver of The Trust's right to amend or seek reimbursement for units not provided in accordance with the Contract. The Trust reserves the right to request any supporting documentation. Provider's failure to provide supporting documentation at the Trust's sole discretion is deemed a material breach under paragraph XV of this Contract.

Provider attests to The Trust that no other reimbursement is available or used for invoiced units of services unless expressly authorized by The Trust.

B. Administrative costs

In no event shall The Trust fund indirect administrative costs in excess of ten (10%) percent of the total budgeted expenses requested to be funded. If the budget includes a line item for indirect administrative costs, then the Provider must support such expenditure with documentation deemed acceptable by The Trust.

C. Advance payment

1. Advance payment requests

The Trust offers advance payments only in exceptional cases. After award of a contract, Providers have five (5) business days to request an advance payment. The request should include the amount requested and the justification(s) for that amount. The Trust limits advance payments to 15% of the total contract amount. All advance payment requests must be requested using the designated form and must be approved in writing by The Trust's CFO or Controller. The schedule in terms of the repayment of the advance is required and must be in place at the time the request for the

advance payment is approved. All advance payments must be repaid by the end date of the Contract.

2. Advance payment invoice

Within 60 calendar days of receipt of an advance, Provider shall repay the advance to The Trust by submitting actual expenditures paid on the line items using the invoice form provided by The Trust. Provider may request, in writing, an extension of the repayment of the advance within the 60 days. The extension must be approved in writing by the CFO or Controller. A fiscal need must be clearly demonstrated and substantiated by the Provider in order for an extension request to be considered by The Trust. The Trust reserves the right to deduct advances from monthly invoices if the Provider fails to submit expenditures in accordance with the approved repayment schedule.

D. Budget revisions

The Provider is authorized to shift up to 10% of an existing approved budget line item with prior written approval from The Trust. The Provider shall submit a revised budget to the Program Coordinator prior to a submission of an invoice. The Provider is authorized to have up to two (2) budget revisions for a twelve month Contract. All budget modifications will require a prior written approval from the Program Coordinator and the Chief Financial Officer and /or his/her designee. A final budget revision must be submitted sixty (60) days prior to the expiration of the Contract. No budget revision may exceed the maximum contracted amount. Budget Revisions and/or Budget amendments shall replace Attachment B as Attachment B-1 or B-2, a copy of which will be attached and incorporated by reference as if fully set forth herein.

E. Assignments and Subcontracts

The Provider shall neither assign the responsibility of this Contract to another party nor subcontract any of the Services contemplated under this Contract without prior written approval of The Trust, which shall not be unreasonably withheld. Any sub-license, assignment or transfer otherwise occurring shall be null and void.

Provider shall be responsible for all Services performed and all expenses incurred with the Contract. It is understood by the Provider that The Trust shall not be liable to a subcontractor for any expenses or liabilities incurred under sub contract and the Provider shall be solely liable to the subcontract. The Provider, at its sole expense, will defend the Trust department against such claims.

In no event shall The Trust directly advance funds to any subcontractor. All payments to authorized subcontractors shall be paid directly by Provider to the subcontractor.

F. Access to records prior to funding

At the option of The Trust, upon demand and/or within thirty (30) days prior to funding any program or service, the Provider shall allow The Trust to evaluate Provider's fiscal and personnel systems in order to be assured of

Provider's capability to manage the program or programs funded by this Contract. The Trust shall not disburse any funds until it is allowed to evaluate Provider's fiscal and management systems. Failure to allow such evaluation may result in termination of this Contract. The Trust reserves the right to evaluate the Provider's fiscal and personnel systems at any reasonable time throughout the course of this Contract.

G. Prohibitions and limitations on use of funds

1. Payment is limited to contracted services

Provider shall use funds provided under this Contract solely for the provision of Services described in Attachment A. The Provider shall not use funds provided under this Contract to support other programs or services provided by Provider under a different contract. Neither shall the Provider carry over the funds provided under this Contract to a new contract or amendment without the express written approval of The Trust. Services funded under this Contract shall only be in addition to services already provided without assistance under this Contract.

2. No supplanting of existing public funds

The Trust funding may not be used by local or state government agencies to replace funding previously provided by those local and state funding sources for the same program purpose. Such government agencies must certify that they have maintained their previous funding level when applying for additional funding from The Trust. Violation of this section shall be considered a breach of this Contract.

3. Double payments

Provider costs or earnings claimed under this Contract may not also be claimed under another contract or grant from The Trust or any other agency. Any claim for double payment by Provider shall be considered a material breach under paragraph XV of this Contract.

4. Use of cost allocation methodology

Provider attests to The Trust that no other reimbursement is available or used for invoiced Services unless expressly authorized in writing by The Trust. Provider shall keep accurate and complete records of any fees collected, reimbursement, or compensation of any kind received from any client or other third party, for any Service covered by this Agreement, and shall make all such records available to The Trust upon request. Provider shall report such fees; reimbursement, compensation or funding to The Trust for such payments received which will be deducted from Provider's invoices.

5. Religious purposes

The Trust funds shall not be used for purposes of religious proselytizing.

6. Lobbying

The Provider shall not use any funds provided under this Contract for

lobbying federal, state or local legislators. Violations of this section shall be considered a material breach under paragraph XV of this Contract.

7. Adverse action or proceeding

Provider shall not utilize the funds provided under this Contract or any other funds provided by The Trust to retain any legal counsel for any action or proceeding against The Trust or any of its agents, employees or officials. The Provider shall not utilize the funds provided under this Contract or any other The Trust funds to provide legal representation, advice or counsel to any person in any action or proceeding against The Trust or any of its agents, employees or officials.

8. Capital equipment

To define capital equipment, the Trust utilizes the definition of "property" as outlined by the Florida Statutes, Chapter 274, as individual items with a value of \$1,000 or greater which have a life expectancy of more than one year. Capital equipment purchased by the Provider using The Trust funds are assets of The Trust, are intended for The Trust funded programs, considered to be owned by The Trust and must be tagged at the time of purchase as an asset of The Trust. The Trust will work with the Provider to tag the asset and to receive all information regarding the equipment. The Provider must maintain a record of the capital equipment purchased with funds provided by The Trust. When the Provider is no longer funded by the Trust, the equipment will be returned to The Trust for use by another funded program unless it is fully depreciated. The Provider must initiate return of such capital equipment to the Program Coordinator. Ownership of capital equipment will be transferred to the Provider and removed from The Trust's fixed asset system provided that the capital equipment is fully depreciated and in the possession of the Provider.

VI. Representations and acknowledgments

A. Appropriate staff

Provider represents that all persons delivering the Services required by this Contract have the knowledge and skills, either by training, experience, education, or a combination thereof, to adequately and competently perform the duties, obligations, and services set forth in the scope of Services (Attachment A) and to provide and perform such Services to The Trust's satisfaction. Provider further represents that all persons delivering Services required by this Contract have complied with all state and federal requirements, including but not limited to Level I and Level II background screening requirements. Provider certifies that all such individuals are qualified and approved for providing Services herein.

B. Best practices

Provider shall perform its duties, obligations, and Services under this Contract in a skillful and respectful manner. The quality of Provider's performance and all interim and final product(s) provided to or on behalf of The Trust shall be comparable to local, state and national best practice

standards.

C. Children with disabilities and their families

Provider understands that The Trust expects all Providers to meet the federal standards under the Americans With Disabilities Act. By policy of The Trust, providers must also implement reasonable programmatic accommodations to include children with disabilities and their families, whenever possible.

D. Other acknowledgments

Information, guidance and technical assistance offered by The Trust staff, or any other person or entity, whether written or verbal, in no way constitutes a guarantee of execution of this Contract by The Trust and should not be relied upon as a basis for doing business, delivering service, expending financial resources or having an expectation of receipt of payment.

Provider acknowledges that its performance under this Contract (included, but not limited to, findings of monitoring reports, responsiveness to improvement plans, timely receipt of required and requested information, and overall satisfactory performance) shall be taken into consideration by The Trust when evaluating any future funding requests by Provider.

VII. Indemnification by Provider

A. For Providers subject to Florida Statute Sec. 768.28

Subject to the limitations and sovereign immunity provisions of Florida Statute Sec. 768.28, each party shall indemnify and hold harmless the other party and its officers, employees, agents and instrumentalities from any and all liability, losses or damages, including attorneys' fees and costs of defense, which its officers, employees, agents or instrumentalities may incur as a result of claims, demands, suits, causes of actions or proceedings of any kind or nature arising out of, relating to or resulting from the performance of this Contract by the Provider or its employees, agents, servants, partners, principals or subcontractors.

Subject to the limitations and sovereign immunity provisions of Florida Statutes, Sec. 768.28, each party shall pay all claims and losses in connection therewith and shall investigate and defend all claims, suits or actions of any kind or nature in the name of The Trust, where applicable, including appellate proceedings, and shall pay all costs, judgments, and attorney's fees which may issue thereon.

The provisions of this section on indemnification shall survive the expiration or termination of this Contract.

VIII. Ownership and indemnification of intellectual property rights

A. Ownership of intellectual property rights

The Trust retains sole ownership of intellectual property developed under this Contract.

Any data, reports, drawings, documents or other information provided by Provider to The Trust during the performance of Services under this Agreement and any reports, drawings or other writings based entirely on The Trust's disclosures and created as part of the Services provided under this Contract shall be and remain the sole property of the Trust at all times. However, all such documents shall be considered public document in accordance with Chapter 119, Florida Statutes. Notwithstanding the foregoing, The Trust may access, use, assemble and disseminate such data for reporting compliance and statistical purposes, provided that Provider otherwise complies with the confidentiality obligations below.

B. Licensing of intellectual property rights

It is the responsibility of the Provider to pay all required licensing fees if intellectual property owned by other parties is incorporated into the services required under this Contract. Such licensing should be in the exclusive name of The Trust. Payment for any such licensing fees or costs arising from the use of others' intellectual property rights must be made by the Provider from funds available under this Contract. The Provider's failure to comply with this paragraph shall be a material breach of this Contract under the provisions of paragraph XV.

C. Indemnification

Provider shall indemnify and hold harmless The Trust from liability of any nature or kind, including costs and expenses for or on account of any copyrighted, service marked, trademarked, patented or unpatented invention, process, article or work manufactured or used in the performance of the Contract. Provider may not use any design, device, materials or works covered by letters, service mark, and trademark, patent, copyright or any other intellectual property right manufactured or used in the performance of this Contract. It is mutually agreed and understood without exception that such use is outside the scope and terms of this Contract and would be deemed a material breach thereof under the provisions of paragraph XV.

IX. Insurance

A. Minimum insurance requirements: certificates of insurance

The Provider shall furnish to the Program Coordinator of The Trust, 3150 SW 3rd Avenue, 8th Floor, Miami, FL 33129, upon execution of the Contract, Certificate (s) of Insurance which indicate that insurance coverage has been obtained which meets the requirements as outlined below including The Trust being named as an additional insured on all policies:

1. Worker's Compensation Insurance for all employees of the Provider as required by Florida Statute 440;
2. Comprehensive general liability insurance in an amount not less than \$500,000 combined single limit per occurrence for bodily injury and property damage. The Trust must be designated and shown as an additional insured with respect to this coverage;

3. Automobile liability insurance covering all owned, non-owned and hired vehicles used in connection with the Services provided under the terms of this Contract, in an amount not less than \$1,000,000 combined single limit per occurrence for bodily injury and property damage. The Trust must be designated and shown as an additional insured with respect to this coverage.
4. Professional liability insurance with limits no less than \$1,000,000 per occurrence The Trust must be designated and shown as an additional insured with respect to this coverage;

Evidence of insurance shall be on the original Certificate of Insurance submitted to The Trust prior to commencing services under this contract.

B. Classifications and ratings

All insurance policies required above shall be issued by companies authorized to do business under the laws of the State of Florida, with the following qualifications:

1. The company must be rated no less than "B" as to management, and no less than "Class V" as to financial strength, by the latest edition of Best's Insurance Guide, published by A.M. Best Company, Oldwick, New Jersey, or its equivalent, subject to the approval of The Trust's Risk Management Division, or
2. The company must hold a valid Florida Certificate of Authority as shown in the latest "List of All Insurance Companies Authorized or Approved to Do Business in Florida" issued by the State of Florida Department of Insurance and are members of the Florida Guaranty Fund.

C. Modifications and changes

All insurance certificates will indicate no modification or change in insurance shall be made without thirty (30) days advance notice to the certificate holder.

CERTIFICATE HOLDER MUST READ:

**The Children's Trust
3150 SW 3rd Avenue, 8th Floor
Miami, FL 33129**

Compliance with the foregoing requirements shall not relieve the Provider of liability and obligation under this section or under any other section of this Contract.

D. Duration of insurance

Provider shall be responsible for assuring that the insurance certificates required in conjunction with this Section remain in force for the duration of the contractual period; including any and all renewal periods and/or additional phases or work that may be granted to the Provider in accordance

with this Contract, if applicable. If insurance certificates are scheduled to expire during the contractual period, the Provider shall be responsible for submitting new or renewed insurance certificates to The Trust at a minimum of thirty (30) calendar days in advance of such expiration. In the event that expired certificates are not replaced with new or renewed certificates which cover the contractual period, The Trust shall suspend the Contract until such time as the new or renewed certificates are received by The Trust in the manner prescribed in the Request for Proposal and/or Invitation to Negotiate; provided, however, that this suspended period does not exceed thirty (30) calendar days. If such suspension exceeds thirty (30) calendar days, The Trust may, at its sole discretion, terminate this Contract for cause and seek re-procurement damages from the Provider.

E. Failure to provide certificates of insurance

If Provider fails to furnish The Trust with certificates or written verification required under this section or as determined by The Trust after review of the scope of Services (Attachment A), The Trust shall not disburse any funds until it is provided with the necessary certificates of insurance or written verification. Failure to provide the certificates of insurance or written verification upon execution of this Contract may result in termination of the grant award.

X. Conditions of award

Provider agrees that it has met or will meet all of the following conditions of award. Failure to satisfy any of the following conditions of award will be deemed a material breach under paragraph XV may result in termination of this Contract.

A. Programmatic conditions of award

1. Licensure

Upon execution, if Provider is required by the State of Florida or Miami-Dade County to be licensed or certified to provide the services or operate the facilities outlined in the scope of Services (Attachment A), Provider shall keep on file all required current licenses or certificates. Provider shall be responsible for assuring that licenses required by the State of Florida or Miami-Dade County remain in force and effect for the duration of the contractual period, including any and all renewal periods and/or additional phases or work that may be granted to Provider in accordance with this Contract, if applicable.

2. Fire inspection certificate

If Provider is required by the State of Florida, Miami-Dade County or any municipality to have a service site Fire Inspection Certificate, Provider shall keep on file the most recent inspection within ten (10) days of execution of this Contract.

3. Health inspection certificate

If Provider is required by the State of Florida, Miami-Dade County or any municipality to have a service site Health Inspection Certificate,

Provider shall keep on file the most recent inspection within ten (10) days of execution of this Contract.

4. Employee background screening

- a. In accordance with Sections 984.01(2)(a), 985.01(2)(a), and 39.001, Florida Statutes, only employees, volunteers and subcontracted personnel with a satisfactory background check through a screening agency may work in direct contact with children under the age of eighteen. Background screenings must be completed through the Florida Department of Law Enforcement (FDLE), VECHS Program, However, satisfactory background screening documentation will be accepted for those agencies that already conduct business with either the Department of Children and Families (DCF) or the Department of Juvenile Justice (DJJ) or the Miami Dade Public School System (MDPS). In addition, an Affidavit of Good Moral Character must be completed and notarized for each employee, volunteer and subcontracted personnel upon hiring.
- b. Per Florida Statute 1012.465, providers employing current School Board employees in possession of a valid School Board ID Badge and updated Level 2 Screening must complete a verification form. Non-School Board employees are required to obtain a Level 2 Screening and a School Board ID Badge before access to school campuses is granted, in the event access to school campuses is incorporated in the Services under this Contract.
- c. Provider shall retain all records demonstrating compliance with the background screening required herein for not less than three years beyond the last date that all applicable terms of this Contract have been complied with and final payment has been received and appropriate audits have been submitted to and accepted by the appropriate entity.

5. Proof of tax status

If Provider is required to file tax returns, Provider is required to keep on file the following documentation for review by The Trust.

- a. The Internal Revenue Service (I.R.S.) tax status determination letter;
- b. The most recent (two years) I.R.S. form 990 within six (6) months after the Provider's fiscal year end or other appropriate annual fiscal filing;
- c. IRS 941 - quarterly federal tax return reports within thirty-five (35) calendar days after the quarter ends and if the 941 reflects a tax liability, proof of payment must be submitted within sixty (60) calendar days after the quarter ends.

5. Proof of policies

Provider shall keep on file copies of its policies on non-discrimination, equal opportunity and/or affirmative action,

XI. Civil rights and other regulatory compliance

A. Non-discrimination and civil rights

Programs receiving funding from The Trust shall not discriminate against an employee, volunteer, or client of the Provider on the basis of race, color, gender, pregnancy, marital status, familial status, sexual orientation, religion, ancestry, national origin, disability, or age except that programs may target services for specific client groups as defined in the Request for Proposal (RFP) and/or Invitation To Negotiate (ITN) or response to the RFP and/or ITN. Additionally, Provider shall demonstrate that it has standards, policies, and practices necessary to render services in a manner that respects the worth of the individual and protects and preserves the dignity of people of diverse cultures, classes, races, religions, sexual orientation, and ethnic backgrounds.

Provider agrees to abide by Chapter 11A of the Code of Miami-Dade County ("County Code"), as amended, which prohibits discrimination in employment, housing and public accommodations; Title VII of the Civil Rights Act of 1968, as amended, which prohibits discrimination in employment and public accommodation; the Age Discrimination Act of 1975, 42 U.S.C. Section 2000d, as amended, which prohibits discrimination in employment because of age; Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794, as amended, which prohibits discrimination on the basis of disability; and the Americans with Disabilities Act, 42 U.S.C. § 12103 et seq., which prohibits discrimination in employment and public accommodations because of disability.

It is expressly understood that upon receipt of evidence of discrimination under any of these laws, The Trust shall have the right to terminate this Contract. If Provider or any owner, subsidiary, or other firm affiliated with or related to Provider, is found by the responsible enforcement agency or the courts to be in violation of these laws, The Trust will conduct no further business with Provider.

B. Family medical leave

Provider agrees that it is in compliance with the Family Medical Leave Act (28 USC 2601 et. seq. and §11A-29 et. seq. of Miami-Dade County Code) which requires an employer, who in the regular course of business has fifty (50) or more employees working in Miami-Dade County for each working day during each of twenty (20) or more calendar work weeks to provide family medical leave to its employees. Failure to comply with this local law may be grounds for voiding or terminating this Contract.

C. Domestic violence leave

The Provider agrees that it is in compliance with the Domestic Violence Leave, codified as § 11A-60 et. seq. of the Miami-Dade County Code, which requires an employer, who in the regular course of business has fifty (50) or more employees working in Miami-Dade County for each working day during

each of twenty (20) or more calendar work weeks to provide domestic violence leave to its employees. Failure to comply with this local law may be grounds for voiding or terminating this Contract.

D. Florida clean indoor air act

Provider agrees that it is in compliance with the Florida Clean Indoor Air Act, §386.201, et. seq., Florida Statutes, which prohibits smoking in enclosed indoor workplaces, including private residences where child care or health care is provided.

E. Public entities crime act

Provider represents that the execution of this Contract will not violate the Public Entities Crimes Act (Section 287.133, Florida Statutes), which essentially provides that a person or affiliate who is a contractor, consultant or other provider and who has been placed on the convicted vendor list following a conviction for a Public Entity Crime may not submit a bid on a contract to provide any goods or services to The Trust, may not submit a bid on a contract with The Trust for the construction or repair of a public building or public work, may not submit bids on leases of real property to The Trust, may not be awarded or perform work as a contractor supplier, subcontractor, or consultant under a contract with The Trust, and may not transact any business with The Trust in excess of the threshold amount provided in Section 287.017, Florida Statutes, for category two purchases for a period of thirty-six (36) months from the date of being placed on the convicted vendor list. Violation of this section shall result in cancellation of this Contract and recovery of all monies paid hereto, and may result in debarment from The Trust's competitive procurement activities.

F. Living wage

Provider agrees to comply with Miami-Dade County's Living Wage Ordinance (§2-8, 9 of Miami-Dade County Code) if it has contracted with The Trust for a sum of \$100,000 or more to provide food preparation/distribution, security services, routine maintenance (custodial, cleaning, refuse removal, repair, refinishing, recycling), clerical or other non-supervisory clerical work, transportation and parking service, printing services or landscaping/lawn services.

G. Conflict of interest

Provider represents that the execution of this Contract does not violate The Trust Conflict of Interest and State of Florida Code of Ethics, (§112.311, Florida Statutes), as amended, which are incorporated herein by reference as if fully set forth herein. Provider agrees to abide by and be governed by these conflict of interest laws throughout the course of this Contract and in connection with its obligations hereunder.

H. Compliance with Sarbanes-Oxley

If Provider is an entity subject to Sarbanes-Oxley, Provider shall comply with the following provisions of the Sarbanes-Oxley Act (SOX) that apply to all

corporate entities, including non-profit organizations, as follows:

- a. It is a crime to alter, cover up, falsify, or destroy any document that may be relevant to an official investigation (SOX, Section 1102, Section 1512 of Title 18, USC).
- b. It is illegal for any corporate entity to punish whistleblowers or retaliate against any employee who reports suspected cases of fraud or abuse (SOX, Section 1107, Section 1513 of Title 18, USC).

XII. Child abuse and incident reporting

A. Child abuse reporting

Provider shall immediately report knowledge or reasonable suspicion of abuse, neglect, or abandonment of a child, aged person, or disabled adult to the Florida Abuse Hotline on the statewide toll-free telephone number (1-800-96-ABUSE). As required by Chapters 39 and 415, Florida Statutes, this is binding upon both the Provider and its employees.

B. Incident reporting

6. Injury

Provider shall complete an incident report in the event of any serious bodily injury to anyone within the scope of this Contract or arising out of the performance of this Contract. Provider shall provide written notification of the incident together with a copy of the incident report to The Trust within three (3) working days. Provider shall provide written notification to The Trust, within seven (7) days, if any legal action is filed as a result of such an injury.

7. Sexual harassment

Provider shall complete an incident report in the event a client or employee makes an allegation of sexual harassment, sexual misconduct or sexual assault by a Provider employee and the Provider has knowledge thereof. Provider shall provide written notification to The Trust within three (3) working days if such an allegation is made. Provider shall provide written notification to The Trust, within seven (7) days, if any legal action is filed as a result of such an alleged incident.

8. Civil rights violation

Provider shall provide written notification to The Trust within three (3) days if any complaint or litigation is filed against the Provider or any of its employees alleging a violation of any of the laws listed in Article XI of this Contract.

XIII. Notices

It is understood and agreed that all notices pursuant to this Contract shall be in writing and sent by certified mail to the addresses for each Party appearing on page one of the Contract. It is Provider's responsibility to advise The Trust in writing of any changes in name, address and/or telephone number.

XIV. Autonomy

Both Parties agree that this Contract recognizes the autonomy of and stipulates or implies no affiliation between the contracting parties. It is expressly understood and intended that Provider is only a recipient of funding support and is not an agent or instrumentality of The Trust, and that Provider's agents and employees are not agents or employees of The Trust.

XV. Breach of contract and remedies

A. Breach

A material breach by the Provider shall have occurred under this Contract if the Provider:

1. Fails to provide the Services outlined in the scope of services (Attachment A), the Request for Proposal (RFP)/Invitation to Negotiate (ITN) or the response to Request for Proposal (RFP) or Invitation to Negotiate (ITN), whichever is applicable, within the effective term of this Contract;
2. Ineffectively or improperly uses The Trust funds allocated under this Contract;
3. Utilizes The Trust funds for local or state government programs that were previously funded by the local or state agency;
4. Does not furnish the certificates of insurance required by this Contract or as determined by The Trust;
5. Does not meet or satisfy the conditions of award required by this Contract;
6. Fails to submit or submits incorrect or incomplete proof of expenditures to support disbursement requests or advance funding disbursements, or fails to submit or submits incomplete or incorrect detailed reports of requests for payment, expenditures or final expenditure reports;
7. Does not submit or submits incomplete or incorrect required reports pursuant to the scope of Services in this Contract;
8. Refuses to allow The Trust access to records or refuses to allow The Trust to monitor, evaluate and review the Provider's program, including required client data;
9. Does not comply with the civil rights and other regulatory obligations detailed in Article XI;
10. Fails to comply with child abuse and incident reporting requirements;
11. Attempts to meet its obligations under this Contract through fraud, misrepresentation or material misstatement;
12. Fails to correct deficiencies found during a monitoring, evaluation or review within the specified time;
13. Fails to meet the terms and conditions of any obligation or repayment

schedule to The Trust or any of its agencies;

14. Fails to maintain the confidentiality of client files, pursuant to Florida and federal laws, or;
15. Fails to fulfill in a timely and proper manner any and all of its obligations, covenants, contracts and stipulations in this Contract;
16. Fails to comply with Background Screening, Level 2

Waiver of breach of any provisions of this Contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this Contract.

B. The Trust's remedies

Upon a material breach of this Contract The Trust may pursue any or all of the following remedies including a combination thereof:

1. The Trust may terminate this Contract by giving written notice to the Provider of such termination and specifying the effective date thereof at least five (5) business days before the effective date of termination. In the event of termination, The Trust may: (a) request copies of all finished or unfinished documents, data studies, surveys, drawings, maps, models, photographs, reports prepared and secured by the Provider with The Trust funds under this Contract; (b) seek reimbursement of The Trust funds allocated to the Provider under this Contract; (c) at the sole discretion of The Trust, The Trust may terminate or cancel any other contracts entered into between The Trust and the Provider. The Provider shall be responsible for all direct and indirect costs associated with such termination, including attorney's fees, costs, and any judgments entered by a court of appropriate jurisdiction.
2. The Trust may suspend payment in whole or in part under this Contract by providing written notice to the Provider of such suspension and specifying the effective date thereof, at least five (5) business days before the effective date of suspension. If payments are suspended, The Trust shall specify in writing the actions that must be taken by the Provider as condition precedent to resumption of payments and shall specify a reasonable date for compliance. At the sole discretion of The Trust, The Trust may also suspend any payments in whole or in part under any other contracts entered into between The Trust and the Provider. The Provider shall be responsible for all direct and indirect costs associated with such suspension, including attorney's fees, costs, and any judgments entered by a court of appropriate jurisdiction.
3. The Trust may seek enforcement of this Contract including but not limited to filing an action with a court of appropriate jurisdiction. The Provider shall be responsible for all direct and indirect costs associated with such enforcement, including attorney's fees, costs, and any judgments entered by a court of appropriate jurisdiction.
4. The Trust retains the option, at its sole discretion, to enter into a written performance improvement plan with the Provider to cure any breach of

this Contract as may be permissible under state or federal law. Any such remedial plan shall be an addition to this Contract and shall not affect or render void or voidable any other provision contained in this Contract, costs, and any judgments entered by a court of appropriate jurisdiction.

5. Any and all other remedies available at law or equity.

C. CEO authorized

The CEO is authorized to terminate this Contract on behalf of The Trust.

D. Damages sustained

Notwithstanding the above, Provider shall not be relieved of liability to The Trust for damages sustained by The Trust by virtue of any breach of the contract, and The Trust may withhold any payments to Provider until such time as the exact amount of damages due The Trust is determined. The Trust may also pursue any remedies available at law or equity to compensate for any damages sustained by the breach. The Provider shall be responsible for all direct and indirect costs associated with such action including attorney's fees, costs, and any judgments entered by a court of appropriate jurisdiction. The limitations of F.S. Section 768.28 apply to entities entitled to sovereign immunity under Florida Law.

XVI. Termination by either party

The Parties agree that this Contract may be terminated by either party hereto by written notice to the other party of such intent to terminate at least thirty (30) calendar days prior to the effective date of such termination. The CEO is authorized to terminate this Contract on behalf of The Trust.

XVII. Termination due to lack of funds

The Trust may terminate this Contract within thirty (30) business days if The Trust fails to receive funds through which this Contract is funded.

XVIII. Payment procedures

The Trust agrees to pay Provider for Services rendered under this Contract as outlined in Attachment A and Attachment B. Payment shall be made in accordance with forms found on The Trust's Funded Programs, (<http://www.thechildrenstrust.org/programs.asp>) and, if applicable, the Florida Prompt Payment Act.

A. Requests for payment

The Trust agrees to pay for expenditures in accordance with the terms outlined in Attachment B, funding terms and conditions. An original invoice, in the format prescribed by The Trust, plus two copies is due on or before the fifteenth (15) day of the month following the month in which expenditures were incurred (exclusive of legal holidays or weekends). The Trust agrees to reimburse Provider on a monthly billing basis.

B. Processing the request for payment

In order to be deemed proper as defined by the Florida Prompt Payment Act, all invoices must comply with the requirements set forth in this Contract and must be submitted on the forms as prescribed by The Trust. Invoices and/or documentation returned to Provider for corrections may be cause for delay in receipt of payment. Late submission may result in delay in receipt of payment. The Trust shall pay Provider within thirty (30) calendar days of receipt of Provider's properly submitted invoice and/or other required documentation.

C. Final request for payment

A final request for payment from the Provider will be accepted by The Trust up to forty-five (45) days after the expiration of this Contract. If Provider fails to comply, all rights to payment shall be forfeited. If after receipt of such final report, The Trust determines that Provider has been paid funds not in accordance with the Contract, and to which it is not entitled, Provider shall return such funds to The Trust or submit appropriate documentation to support the expenditure. The Trust shall have the sole discretion in determining if Provider is entitled to such funds and The Trust's decision on this matter shall be binding. Additionally, any unexpended or unallocated funds shall be recaptured by The Trust.

D. Return of funds

In the event that Provider, its independent auditor or The Trust discovers that an overpayment has been made, Provider shall repay said overpayment within thirty (30) calendar days without prior notification from The Trust.

XIX. Records, reports, audits and monitoring

A. Accounting records

Provider shall keep accounting records which conform to generally accepted accounting principles. All such records will be retained by Provider for not less than three years beyond the last date that all applicable terms of this Contract have been complied with and final payment has been received and appropriate audits have been submitted to and accepted by the appropriate entity. However, if Provider is a municipality, county government, dependent or independent special taxing district, government contractor, or other government entity, Provider must retain all such records for not less than five years beyond the last date that all applicable terms of this Contract has been complied with and final payment has been received and appropriate audits have been submitted to and accepted by the appropriate entity. However, if any audit, claim, litigation, negotiation or other action involving this Contract or Modification hereto has commenced before the expiration of the retention period, the records shall be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular retention period, which ever is later.

B. Financial audit

Within 180 days of the close of its fiscal year, Provider agrees to submit to The Trust a certified independent fiscal audit of all its corporate activities and any accompanying management letter(s), for each year during which this Contract remains in force and until all funds expended from this Contract have been audited if requested by the Trust. This audit shall be conducted in accordance with auditing standards generally accepted in the United States of America and standards contained in the Government Auditing Standards issued by the Comptroller General of the United States. The fiscal audit must also be conducted consistent with the United States Office of Management and Budget Circular A-133, Audit of States, Local Government and Non-Profit Organizations and the Florida Single Audit Act, Florida Statutes 215.97, as applicable.

For audits conducted under the Office of Management and Budget Circular A-133, Audit of States, Local Government and Non-Profit Organizations and the Florida Single Audit Act, Provider must also submit the schedule of expenditures pertaining to awards, summary schedule of prior audit findings, applicable auditor's reports and the corrective action plan when the schedule of findings and questioned costs prepared by the independent auditor discloses audit findings relating to this contract. In the event that the independent auditor does not disclose audit findings relating to this Contract, Provider shall provide written notification to The Trust that an audit of Provider was conducted in accordance with applicable laws and regulations and that the findings and questioned costs disclosed no audit findings related to this Contract; and, that the summary schedule of prior audit findings did not report on the status of any audit findings relating to awards that The Trust provided.

Audit extensions may be granted in writing by the Program Coordinator after proper approval has been obtained from Finance Accounting upon receipt in writing of such request with appropriate justification by the Provider.

C. Access to records: audit

The Trust reserves the right to require Provider to submit to an audit by an auditor of The Trust's choosing. Provider shall provide access to all of its records which relate to this Contract at its place of business during regular business hours. Provider agrees to provide such assistance as may be necessary to facilitate their review or audit by The Trust to insure compliance with applicable accounting and financial standards, including access by the Trust or its designee to Provider's independent auditor's working papers for complying with federal, state or local requirements.

D. Informed consent

Provider agrees that anyone who receives Services paid for by this Contract shall be informed of procedures to gather follow-up information on participants after services. Participants shall be asked to consent, voluntarily, to being contacted for this information. Participants shall be asked to sign a consent form, which allows for follow-up contact by The Trust or its designee. The form included as **Attachment C**, available in English, Spanish, and

Creole, shall be used for this purpose. Forms will be submitted to the Program Coordinator, with a copy filed in the participant's record. The form must also indicate non-consent when that is the participant's response. The Provider agrees to ensure that each participant's contact information is current and updated upon exiting the program.

E. Programmatic Data reporting

Provider agrees to comply and participate in any data collection reporting, including participant data as required by The Trust and described in **Attachment D**, Programmatic Data Reporting Requirements. In addition, Provider agrees to furnish The Trust with quarterly program narrative reports in the format to be specified by The Trust.

Provider agrees to comply with the ITN (#2006-23) requirement to engage in a process of evaluation that identifies and reports the relationship between program efforts and desired and actual results.

F. Monitoring: management evaluation and performance review.

Provider agrees to permit The Trust personnel or contracted agents to perform random unscheduled monitoring, reviews and evaluations of the program which is the subject of this Contract using The Trust approved monitoring tools. The Trust shall monitor both fiscal/administrative and programmatic compliance with all the terms and conditions of the Contract. Provider shall permit The Trust to conduct site visits, client interviews, client assessment surveys, fiscal/administrative review and other techniques deemed reasonably necessary in the Trust's sole discretion to fulfill the monitoring function. A report of The Trust's findings will be delivered to Provider and Provider will rectify all deficiencies cited within the period of time specified in the report. If such deficiencies are not corrected within the specified time, The Trust may terminate this Contract. The Trust shall conduct one or more formal management evaluation and performance reviews of the Provider. Monitoring Reports and supporting documentation may be shared with other funding sources.

Continuation of this Contract or future funding is dependent upon satisfactory evaluation findings. Furthermore, the findings of monitoring reports, responsiveness to corrective action, the satisfactory performance of the requirements of this Contract and the timely receipt of requested information shall be considered factors in evaluating future funding requests.

G. Client records

Provider shall maintain a separate file for each child/family served. This file shall include all pertinent information regarding program enrollment and participation. At a minimum, the file will contain enrollment information (including parent registration consents and child demographics), service plans, outcome measures (as set forth in Attachment A), and notes documenting referrals, special needs, or incident reports. These files shall be subject to the audit and inspection requirements under this Contract. All such records will be retained by the Provider for not less than five calendar years after the participant is no longer enrolled. Provider agrees to comply with all

applicable state and federal laws on privacy and confidentiality.

H. Internal documentation

Provider agrees to maintain the following, as applicable: (1) personnel files of employees which include hiring records, background screening results, job descriptions, and evaluation procedures, (2) authorized time sheets, records, and attendance sheets to document the staff time billed to provide Services (3) daily activity logs and monthly calendars of services provision (4) training modules, (5) pre and post session questionnaires, (6) participant consent and information release forms, (7) agency policies and procedures (8) such other information related to Service provision as described in Attachment A, as requested by The Trust.

I. Units of service

If applicable, Provider agrees to document and maintain a permanent record of beginning and ending service time and date of service for all units of service(s).

J. Revenue maximization documentation

Provider agrees to comply with any and all reporting and documentation required by federal, state and other funding sources.

XX. Confidentiality

Provider and The Trust understand that during the course of performing the Services hereunder, each party may have access to certain confidential and proprietary information and materials of the other party in order to further performance of the Services. The Parties shall protect confidential information and comply with applicable federal and state laws on confidentiality to prevent unauthorized use, dissemination or publication of confidential information as each party uses to protect its own confidential information in a like manner. The Parties shall not disclose the confidential information to any third party, or to any employee or contractor who does not have a need to know such information, which need is related to performance of a responsibility hereunder. However, this agreement imposes no obligation upon the Parties with respect to confidential information which (a) was lawfully known to the receiving party before receipt from the other, (b) is or becomes a matter of public knowledge through no fault of the receiving party, (c) is rightfully received by the receiving party from a third party without restriction on disclosure, (d) is independently developed by or for that party, (e) is disclosed under operation of law, (f) is disclosed by the receiving party with the other party's prior written approval. The confidentiality provision of this Contract shall remain in full force and effect after the termination of this Contract. This provision shall have no effect on the Provider's responsibility to comply with the Public Records laws of the State of Florida.

XXI. Security obligation

Provider shall maintain an appropriate level of data security for the information Provider is collecting or using in the performance of this Contract.

This includes, but is not limited to, approving and tracking all Provider employees who request system or information access and ensuring that user access has been removed from all terminated Provider employees.

XXII. Publicity

A. Publicity

It is understood and agreed between the Parties that as it relates to the funds being provided pursuant to this Agreement, Provider is funded by The Trust. Further, by the acceptance of these funds, Provider agrees that events funded by this Contract shall recognize The Trust as a funding source. Provider shall ensure that all publicity, public relations, advertisements and signs recognize The Trust for the support of all contracted activities. The use of the official The Trust logo is permissible.

Provider shall ensure that all media representatives, when inquiring about the activities funded by this Contract, are informed that The Trust is its funding source.

Provider shall distribute a press release announcing that it has been awarded funding by The Children's Trust.

B. Publications

Provider agrees to supply The Trust, without charge, up to three copies of any publication developed in connection with implementation of programs addressed by this Contract. Such publications will state that the program is supported by The Trust. Provider agrees that The Trust will have unlimited use of copyrighted materials developed under this Contract.

Providers shall include The Children's Trust logo and the following paragraph in all materials featuring programs funded by The Children's Trust, including but not limited to newsletters, press releases, brochures, fliers, websites or any other materials for dissemination to the media or general public:

English:

City of Miami Gardens is funded by The Children's Trust. The Trust is a dedicated source of revenue established by voter referendum to improve the lives of children and families in Miami-Dade County.

Spanish:

City of Miami Gardens esta financiado por El Fidecomiso de los Ninos (The Children's Trust). El Fidecomiso de los Ninos es una fuente de financiacion, creada por los votantes en referendum para mejorar las vidas de los ninos y las familias de el Condado de Miami-Dade.

Creole:

City of Miami Gardens finanse pa "The Children's Trust". Trust la, ce yon sous lajan ke gouvenman amerikin vote an referandom pou ke' li investi bien nan pwogram kap ameliorer la Vi Ti Moun ak fanmi yo nan Miami Dade.

XXIII. Miscellaneous

A. Modifications and change orders

Any alterations, variations, modifications, extensions or waivers of provisions of this Contract including but not limited to amount payable and effective term shall only be valid when they have been reduced to writing, duly approved and signed by both parties and attached to the original of this Contract.

The Trust and Provider mutually agree that modification of the scope of Service, schedule of payments, billing and payment procedures, set forth herein and other such revisions may be negotiated as a written amendment to this Contract between the Parties.

The Trust's CEO is authorized to make modifications to this Contract as described herein on behalf of The Trust.

B. Subcontractors and assignments

The parties agree that no assignment or subcontract will be made or let in connection with this Contract without the prior written approval of The Trust, which shall not be unreasonably withheld, and that all subcontractors or assignees shall be governed by the terms and conditions of this Contract.

C. Contract guidelines

This Contract is made in the State of Florida and shall be governed according to the laws of the State of Florida. Proper venue for this Contract shall be Miami-Dade County, Florida.

D. Headings, use of singular and gender

Paragraph headings are for convenience only and are not intended to expand or restrict the scope or substance of the provisions of this Contract. Wherever used herein, the singular shall include the plural and plural shall include the singular, and pronouns shall be read as masculine, feminine or neuter as the context requires.

E. Totality of contract/severability of provisions

This Contract with its recitals on the first page of the Contract and with its attachments as referenced below contain all the terms and conditions agreed upon by the parties:

Attachment A: Scope of Services and Evaluation Measures

Attachment B: Budget

Attachment C: Consent Forms (English, Spanish, Creole)

Attachment D: Programmatic Data Reporting Requirements/Work Plan

No other contract, oral or otherwise, regarding the subject matter of this Contract shall be deemed to exist or bind any of the parties hereto. If any

provision of this Contract is held invalid or void, the remainder of this Contract shall not be affected thereby if such remainder would then continue to conform to the terms and requirements of applicable law.

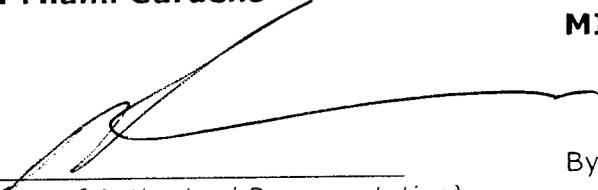
XXIV. Contract number

This Contract is assigned as contract number **725-301**

The parties have caused this Contract, including Attachments A, B, C, and D to be executed by their respective and duly authorized officers as of the day and year first above written.

City of Miami Gardens

**The Children's Trust
MIAMI-DADE COUNTY, FLORIDA**

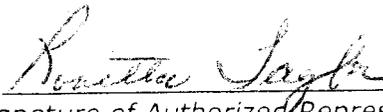
By: 
(Signature of Authorized Representative)

By: 
Modesto E. Abety, President/CEO

Danny O. Crew
Type or Print Name

Date: 05/01/07

Date: 5/23/2007

By: 
(Signature of Authorized Representative)

Approved as to form and legal sufficiency

Renetta Taylor
Type or Print Name


Sonja K. Dickens, City Attorney

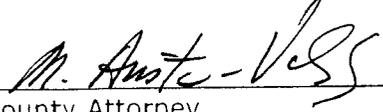
Date: 5/23/2007

By: _____
(Signature of Authorized Representative)

Type or Print Name

Date: _____

Approved as to form and legal sufficiency:


County Attorney

Date: May 3, 2007
(resigned)

This contract is not valid until it has been signed by both parties.

ATTACHMENT A:

SCOPE of SERVICES

Attachment A

SCOPE OF SERVICES

Agency name: City of Miami Gardens

Program name: Miami Gardens/Opa-locka/Carol City Child Murder and Youth Violence Prevention Initiative

Contract #: 725-301

Contract Amount: \$750,000.00 (\$53,009.00-Informed Families; \$696,991.00-City of Miami Gardens)

1. Program Intent:

This program will use solutions to reduce violence and to stop child and youth murder in the Area 1: Miami Gardens, Opa Locka, Carol City. area(s) in which violence and other negative societal indicators have correlated throughout this year and in historical periods of violence. This will be accomplished by the organization of a group of agencies and individual partners from a variety of disciplines and backgrounds to develop and support this initiative.

2. Target Population:

This program will provide direct services to:

- 0 Children between the ages of 0-5 years of age
- 4095 Children between the ages of 6-12 years of age
- 474 Children between the ages of 13-18 years of age
- 200 Parents/Caregivers of the target area families

3. Service Delivery (Activities & Outputs):

Street Patrol Outreach	2000 Community Members	12 Patrols (1 per month)
Problem-Oriented Policing (P.O.P)	2000 Community Members	12 Sessions (1 per month)
Parenting sessions	15 Adult/Parents	6 Sessions (per year)
Brief Strategic Family Therapy	20 Families	20 Sessions (per year)
Community Forums (Open Mic)	2000 Adults	12 Workshops (1 per month)
OJT Program	50 Youth/Adults Ages 16-22	1-Cycle (6 Week Session)
Mentorship program	150 children	6 mentor training sessions
School Suspension Program	85 students	180 days
School Intervention	85 students	180 Days
Community Action Teams (CATs)	50 Participants in Focus Groups	5 Focus sessions (per year)

Provider shall report output data in The Children's Trust identified electronic data collection tool in a basis as outlined in Attachment D of this contract. As applicable, Provider shall report in narrative form, the reasons for non-acceptance into the program, dropping out and failures to achieve outputs, as well as describing any factors that effected provision of services.

4. Service Locations:

Miami Douglas MacArthur North
3300 NW 27th Avenue
Hialeah, FL 33018

American SHS
18350 NW 67th Avenue
Miami, FL 33015

Bunche Park Elementary
16001 Bunche Park Drive
Miami Gardens, FL 33054
(near NW 27nd Avenue)

Myrtle Grove Elementary
3125 NW 176th Street
Miami Gardens, FL 33055

Carol City Middle
3737 NW 188th Street
Miami Gardens, FL 33056

Norland Middle
1235 NW 192nd Terrace,
Miami Gardens, FL 33169

Lake Stevens Middle School
18484 NW 48th Place
Miami, FL 33055

10th Grade Only
Miami Carol City High School
3422 NW 187th St
Opa-locka, FL 33056

Teen Up-Ward Bound, Inc
1010 Ali BaBa Avenue
Opa-locka, FL 33054

The Portrait of Empowerment
780 Fisherman Street, Suite 328
Opa-locka, FL 33054

City of Opa-Locka Parks & Recreation
777 Sharazad Blvd.
Opalocka, 33054

Peace Be Still Youth Development Center
13180 Port Said Road
Opa-Locka, FL 33054

Hialeah-Miami Lakes SHS
7977 West 12th Ave
Hialeah, FL 33014

Miami Carol City High School
3422 NW 187th St
Opa-locka, FL 33056

Opa-locka Elementary
600 Ahmad Street
Opa-Locka, FL 33054
(near NW 29th Ave/NW 144th St

Norland Elementary
19340 NW 8th Court,
Miami, FL 33169

Lake Stevens Middle
18484 NW 48th Place
Miami, FL 33055

Parkway Middle
2349 NW 175th Street
Miami Gardens, FL 33056

Carol City Middle
3737 NW 188th Street
Miami Gardens, FL 33056

Youth Co-Op, Inc Employment Asst, Center
780 Fisherman Street
Opa-Locka, FL 33054

Opa-Locka Police Youth Academy (DJJ)
2105 Ali BaBa Ave
Opa-Locka, FL 33054

Opa-Locka Crime Prevention
390 Bahman Ave
Opa-Locka, FL 33054

5. Performance Measures:

The Provider shall adhere to the following three (3) performance based outcome measures (as further described in Appendix 1, Matrices):

Decrease negative, aggressive, or high-risk behaviors (Individual-Level Changes)	TBD-(To be determined by provider) Within 90 Days
Improve Parenting skills and Effectiveness (Family-Level Changes)	TBD-(To be determined by provider) Within 90 Days
Expand Civic engagement and community involvement (Community-Level changes)	TBD-(To be determined by provider) Within 90 Days

Provider shall ensure pre and post testing is administered at the appropriate times using the approved tools, as described above and in the Matrices, (Appendix 1). Failure to conduct pre and post testing and/or subsequent outcome data reports will lead to a program improvement plan, and possible moratorium on TCT funding.

Provider shall measure outcome achievement and report on a basis as outlined in Attachment D of this contract. As applicable, Provider shall report in narrative form, the reasons for non-acceptance into the program, dropping out a failure to achieve outcomes, as well as describing any factors that effected outcome achievement or measurement during the quarter.

6. Staff Qualifications:

Program Director	100%	Oversees entire program and collaborators.

All contracted staff working in the program must comply with background screening and fingerprinting requirements, in accordance with Florida Statutes Chapter 435 and Miami-Dade County Background screening requirements, as applicable. Providers must maintain staff personnel files which reflect that a screening result of "no findings" was received.

ATTACHMENT B:

BUDGET

The Children's Trust
 Grant Application Forms
 ITN#2006-23 Child Murder and Youth Prevention Initiative Addendum #1

Areas in Blue to be completed by the Agency

A) GENERAL
 Organization Name: City of Miami Gardens
 Agency Fiscal Year Begins: 1-Oct
 Program Title: Miami Gardens/Opa-locka Child Murder and Youth Violence Prevention Initiative

Agency Source of Funding	Grant Period	Program Budget	Agency Budget
Trust Grant Amount Requested		750,000.00	750,000.00
Trust Other Funding		0.00	0.00
Trust Other Funding		0.00	0.00
Trust Other Funding		0.00	0.00
Trust Other Funding		0.00	0.00
Trust Other Funding		0.00	0.00
Miami-Dade County Grants(Local)	10/1/06 - 9/30/07	0.00	11,372.00
Edward Byrne	1/1/05 - 12/31/06	0.00	30,114.00
CDBG (Code Enforcement)		0.00	0.00
Federal Grants (Specify Source)		0.00	0.00
		0.00	0.00
		0.00	0.00
State Grants (Specify Source)		0.00	0.00
		0.00	0.00
		0.00	0.00
Foundations/Charitable Funds (Specify Source)		0.00	3,000.00
NFL Youth Football Fdn Grant	July 1-2006-Dec. 31-2006	0.00	0.00
		0.00	0.00
Cash/Fees/Other Revenue (Specify Source)			
Charges for services in Dept. of Parks & Rec (afterschool/summer program fees, facility rentals)		0.00	600,000.00
		0.00	0.00
		0.00	0.00
In-Kind Contributions		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
TOTAL BUDGET		\$750,000.00	\$1,394,486.00

TOTAL MUST AGREE WITH THE TOTAL PROGRAM AMOUNT COLUMN ON THE BUDGET SUMMARY FOR PROPOSED PROGRAM WORKSHEET

C) BUDGET SUMMARY FOR PROPOSED PROJECT/PROGRAM	REQUESTED AMOUNT	DESCRIPTION	PERCENTAGE
Personnel	42,956.38	Salaries	6%
Fringe Benefits	13,750.74	Fringe Benefits	2%
Operating	657,578.59	Operating	88%
Indirect/Administrative Costs	35,714.29	Indirect/ Administrative Costs	5%
TOTAL REQUESTED	\$750,000.00		100%

The Children's Trust
 Grant Application Forms
 ITN#2006-23 Child Murder and Youth Prevention Initiative Addendum #1

Areas in Blue to be completed by the Agency

Period: December 1, 2006 - November 30, 2007 12 months

NAME OF FUNDING SOURCE:	Total Requested Funding		Other Funding Sources				Cash/Revenue/ In-Kind Contributions		Total Program Cost	
	The Children's Trust %	Amount	%	Amount	%	Amount	%	Amount	%	Amount
SALARIES:										
List Full-Time Employees										
Position	Name	Annual Salary (12 mths)								
Program Director	TBA	42,956.38	100%	0.00	0.00	0.00	0.00	0.00	100%	42,956.38
	Full-Time Total	42,956.38	1.00	0.00	0.00	0.00	0.00	0.00	1.00	42,956.38
List Part - Time/Seasonal Employees										
	Part-Time Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		TOTAL FTE/SALARIES	1.00	\$0.00	.00	\$0.00	0.00	\$0.00	1.00	\$42,956.38
FRINGE BENEFITS										
Fica/Mica		Rate: 7.65%		0.00		0.00		0.00		3,286.16
W-Comp's		Rate: 5.00%		0.00		0.00		0.00		1,288.69
Unemploy		Rate: 3.00%		0.00		0.00		0.00		1,288.69
Health Ins.		Cost per Staff \$283.00		0.00		0.00		0.00		3,396.00
Life Inc.		Cost per Staff \$260.00		0.00		0.00		0.00		260.00
Retirement		Rate: 9.85%		0.00		0.00		0.00		4,231.20
Other		Specify & provide calculations		0.00		0.00		0.00		0.00
		TOTAL FRINGE BENEFITS		\$0.00		\$0.00		\$0.00		\$0.00
		TOTAL REQUESTED FUNDING		\$0.00		\$0.00		\$0.00		\$13,750.74

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NAME OF FUNDING SOURCE:	Total Requested Funding		Other Funding Sources				Cash/Revenue/In-Kind Contributions		Total Program Cost	
	Cost	%	Amount	%	Amount	%	Amount	%	Amount	
OPERATING EXPENSES:										
Travel (other than clients)										
Local mileage, tolls, parking	1,300.00	100%	1,300.00	0.00	0.00	0.00	0.00	100%	1,300.00	
Out-of-town			0.00	0.00	0.00	0.00	0.00	0%	0.00	
Travel (clients)										
Bus pass/tokens			0.00	0.00	0.00	0.00	0.00	0%	0.00	
Field trips/Buses/Vans			0.00	0.00	0.00	0.00	0.00	0%	0.00	
Meals (clients)										
Snacks (after school)			0.00	0.00	0.00	0.00	0.00	0%	0.00	
Meals (full days)			0.00	0.00	0.00	0.00	0.00	0%	0.00	
Space										
Lease/Rent	11,000.00	0%	0.00	0.00	0.00	0.00	11,000.00	100%	11,000.00	
Maintenance			0.00	0.00	0.00	0.00	0.00	0%	0.00	
Electricity			0.00	0.00	0.00	0.00	0.00	0%	0.00	
Equipment rental (copiers)			0.00	0.00	0.00	0.00	0.00	0%	0.00	
Communications			0.00	0.00	0.00	0.00	0.00	0%	0.00	
Supplies										
Office Supplies	1,200.00	100%	1,200.00	0.00	0.00	0.00	0.00	100%	1,200.00	
Program Supplies			0.00	0.00	0.00	0.00	0.00	0%	0.00	
Printing/reproduction	5,000.00	0%	0.00	0.00	0.00	0.00	5,000.00	100%	5,000.00	
Shipping/Postage	2,000.00	0%	0.00	0.00	0.00	0.00	2,000.00	100%	2,000.00	
Non-Capital Equipment (<\$1,000) (List each)										
			0.00	0.00	0.00	0.00	0.00	0%	0.00	
Capital Equipment (>\$1,000) (List each)										
Computer, monitor,	3,700.00	100%	3,700.00	0.00	0.00	0.00	0.00	100%	3,700.00	
Professional Services (List each)										
Financial Audit by CPA	3,000.00	100%	3,000.00	0.00	0.00	0.00	0.00	100%	3,000.00	
Other (List each)										
Family & Children Faith Coalition	82,750.50	91%	75,555.50	0.00	0.00	0.00	7,195.00	9%	82,750.50	
Project MPACT with MDSPD	333,122.00	50%	166,561.00	0.00	0.00	0.00	185,600.00	56%	352,161.00	
Concerned African Women (CAW)	104,122.50	51%	52,642.50	0.00	0.00	0.00	51,480.00	49%	104,122.50	
Children's Psychiatric Centers (CPC)	121,948.09	43%	52,434.63	0.00	0.00	0.00	69,513.46	57%	121,948.09	
Comm. Crusade Against Drugs	29,250.00	79%	23,010.00	0.00	0.00	0.00	6,240.00	21%	29,250.00	
I Have A Dream (IHAD)	5,000.00	100%	5,000.00	0.00	0.00	0.00	0.00	0%	5,000.00	
Fingerprinting for background screening provided as IN-KIND by Opa-locka Police Dept.	1,000.00	0%	0.00	0.00	0.00	0.00	1,000.00	100%	1,000.00	
MDCPS	52,056.00	0%	0.00	0.00	0.00	0.00	52,056.00	100%	52,056.00	
City of Opa-locka	10,166.00	100%	10,166.00	0.00	0.00	0.00	0.00	100%	10,166.00	
Teen Up-Ward Bound	26,880.99	100%	26,880.99	0.00	0.00	0.00	0.00	100%	26,880.99	
Opa-locka Crime Prevention Prog.	67,272.95	100%	67,272.95	0.00	0.00	0.00	0.00	100%	67,272.95	
Peace Be Still Youth Development	29,888.23	100%	29,888.23	0.00	0.00	0.00	0.00	100%	29,888.23	
Youth Co-Op	18,867.28	100%	18,867.28	0.00	0.00	0.00	0.00	100%	18,867.28	
Opa-locka Police Youth Academy	16,270.36	100%	16,270.36	0.00	0.00	0.00	0.00	100%	16,270.36	
The Portrait of Empowerment	21,882.43	100%	21,882.43	0.00	0.00	0.00	0.00	100%	21,882.43	
City of Opa-locka Parks & Rec	28,937.72	100%	28,937.72	0.00	0.00	0.00	0.00	100%	28,937.72	
Informed Families	53,009.00	100%	53,009.00	0.00	0.00	0.00	0.00	100%	53,009.00	
TOTAL OPERATING EXPENSES:			\$657,578.59	\$0.00	\$0.00	\$0.00	\$391,084.46		\$995,654.05	
Administrative/Indirect Costs										
(Can not exceed 10%)		5%	35,714.29						35,714.29	
TOTAL BUDGET			\$750,000.00	\$0.00	\$0.00	\$0.00	\$391,084.46		\$1,088,075.46	

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0	0.00	
Capital Equipment (> \$1,000) (List each)		
Computer, monitor, printer/scanner/fax package	3,700.00	
Professional Services (List each)		
Financial Audit by CPA	3,000.00	
0	0.00	
Other (List each)		
Family & Children Faith Coalition	75,555.50	Justification is to be entered into the respective collaborative partner worksheet
Project MPACT with MDSPD	166,561.00	Justification is to be entered into the respective collaborative partner worksheet
Concerned African Women (CAW)	52,642.50	Justification is to be entered into the respective collaborative partner worksheet
Children's Psychiatric Centers (CPC)	52,434.63	Justification is to be entered into the respective collaborative partner worksheet
Comm. Crusade Against Drugs	23,010.00	Justification is to be entered into the respective collaborative partner worksheet
I. Have A Dream (IHAD)	5,000.00	Justification is to be entered into the respective collaborative partner worksheet
provided as IN-KIND by Opa-locka Police Dept.	0.00	Fingerprinting for background screening provided as IN-KIND by
MDCPS	0.00	Justification is to be entered into the respective collaborative partner worksheet
City of Opa-locka	10,166.00	Justification is to be entered into the respective collaborative partner worksheet
Teen Up-Ward Bound	26,880.99	Justification is to be entered into the respective collaborative partner worksheet
Opa-locka Crime Prevention Prog.	67,272.95	Justification is to be entered into the respective collaborative partner worksheet
Peace Be Still Youth Development	29,888.23	Justification is to be entered into the respective collaborative partner worksheet
Youth Co-Op	18,867.28	Justification is to be entered into the respective collaborative partner worksheet
Opa-locka Police Youth Academy	16,270.36	Justification is to be entered into the respective collaborative partner worksheet
The Portrait of Empowerment	21,882.43	Justification is to be entered into the respective collaborative partner worksheet
City of Opa-locka Parks & Rec	28,937.72	Justification is to be entered into the respective collaborative partner worksheet
Informed Families	53,009.00	Justification is to be entered into the respective collaborative partner worksheet
TOTAL OPERATING EXPENSES:	\$657,578.59	
Administrative/Indirect Costs (Can not exceed 10%)	35,714.29	
TOTAL BUDGET	\$750,000.00	

Areas in Blue to be completed by the FCFC
 Period: December 1, 2006 - November 12 months

NAME OF COLLABORATIVE PARTN	Collaborative Partner 1 Family & Children Faith Coalition (FCFCFL)		Justification for Each Line Item
	%	Amount	
SALARIES:			
List Full-Time Employees			
Position	Name	Annual Salary (12 mths)	
Training & Capacity Facilitator	TBD	45,000.00	100% 45,000.00
		Full-Time Total	1.00 45,000.00
List Part-Time/Seasonal Employees			
			0.00
		Part-Time Total	0.00 0.00
		TOTAL FTEs/SALARIES	1.00 \$45,000.00
FRINGE BENEFITS			
Fica/Mica	Rate: 7.65%		3,442.50
W-Comp's	Rate: 3.00%		1,350.00
Unemploy	Rate: 2.00%		140.00
Health Ins.	Cost per Staff \$410.00		4,920.00
Life Inc.	Cost per Staff		0.00
Retirement	Rate:		0.00
Other	Specify & provide calculations		
Payroll processing	Rate: 4%		1,800.00
	Rate:		0.00
	Rate:		0.00
	Rate:		0.00
		TOTAL FRINGE BENEFITS	\$11,652.50

NAME OF COLLABORATIVE PARTN	Collaborative Partner 1 Family & Children Faith Coalition (FCFCFL)		Justification for Each Line Item
	Cost	%	
OPERATING EXPENSES:			
Travel (other than clients)			
Local mileage, tolls, parking	1,053.00	100%	1,053.00
Out-of-town			0.00
Travel (clients)			
Bus pass/tokens			0.00
Field trips/Buses/Vans			0.00
Meals (clients)			
Snacks	1,600.00	0%	0.00
Meals (full days)			
Space			
Lease/Rent	3,240.00	0%	0.00
Maintenance			0.00
Electricity	360.00	0%	0.00
Equipment rental (copiers)			0.00
Communications			0.00
Supplies			
Office Supplies			0.00
Program Supplies	3,750.00	100%	3,750.00
Printing/reproduction			0.00
Shipping/Postage			0.00
Non-Capital Equipment (<\$1,000) (List each)			
Capital Equipment (>\$1,000) (List each)			
			0.00
Professional Services (List each)			
Facilitator for mentor training	3,000.00	100%	3,000.00
Tutoring training workshops	7,500.00	100%	7,500.00
Other (List each)			
SafetyNet background screenings	3,600.00	100%	3,600.00
Policies & procedures forms/CD	1,995.00	0%	0.00
		0%	0.00
		0%	0.00
		OPERATING	\$18,903.00
Administrative/Indirect Costs			
			0.00
		TOTAL BUDGET	\$75,555.50



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Chair
Dr. Wil J. Blechman
Vice Chair
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Benjamin F. Gilbert, Jr.
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Isabel Afanador, Chair
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County Attorney's Office
Legal Counsel

June 7, 2007

Vernita Nelson
City of Miami Department of Parks and Recreation
444 SW 2nd Avenue
Miami, FL 33130

Re: Child Murder & Youth Violence Prevention
Contract Number 725-144

Dear Ms. Nelson:

Enclosed please find a copy of the executed City of Miami Department of Parks and Recreation contract for your records. If you require any assistance please do not hesitate to contact me at 305-571-5700.

We appreciate your commitment and look forward to continuing to work with you and your agency in providing much needed services to the families and children of this community.

Sincerely,


Aundray Adams
Program Coordinator

Areas in Blue to be completed by the Agency
 Period: Dec 1, 2006 - Nov 30, 2007 12 months

			Collaborative Partner 2		Justification for Each Line Item
NAME OF COLLABORATIVE PARTNER:			Miami Partnership for Action In Communities Task Force (Project MPACT), a program of Miami Dade School Police Department (MDSPD)		
SALARIES:			%	Amount	
List Full-Time Employees					
Position	Name	Annual Salary (12 mths)			
Instructor at Carol City	TBA	5,400.00	0%	0.00	MDCPS teacher for classroom component (soft skills, job skills and life skills) in-kind
Instructor at American	TBA	5,400.00	0%		MDCPS teacher for classroom component (soft skills, job skills and life skills) in-kind
Instructor at HML	TBA	5,400.00	0%		MDCPS teacher for classroom component (soft skills, job skills and life skills) in-kind
Instructor at MacArthur	TBA	5,400.00	0%		MDCPS teacher for classroom component (soft skills, job skills and life skills) in-kind
Full-Time Total			0.00	0.00	Total is \$21,600 for 4 teachers- all in-kind
List Part - Time/Seasonal Employees					
				0.00	
				0.00	
Part-Time Total			0.00	0.00	
TOTAL FTEs/SALARIES			.00	\$0.00	
FRINGE BENEFITS					
Fica/Mica	Rate: 7.65%			0.00	
W-Comp's	Rate:			0.00	
Unemploy	Rate:			0.00	
Health Ins.	Cost per Staff				
Life Inc.	Cost per Staff				
Total fringe for MDCPS teachers	Rate: 24.00%			0.00	Rate for Fringe Benefits for MDCPS teachers is 24% x \$21,600 = \$5,184
Other	Specify & provide calculations				
TOTAL FRINGE BENEFITS				\$0.00	

			Collaborative Partner 2		Justification for Each Line Item
NAME OF COLLABORATIVE PARTNER:			Miami Partnership for Action In Communities Task Force (Project MPACT), a program of Miami Dade School Police Department (MDSPD)		
OPERATING EXPENSES:			Cost		
Travel (other than clients)					
Local mileage, tolls, parking				0.00	
Out-of-town				0.00	
Travel (clients)					
Bus pass/tokens				0.00	
Field trips/Buses/Vans				0.00	
Meals (clients)					
Snacks (after school)				0.00	
Meals (full days)				0.00	
Space					
Lease/Rent	40,000.00		0%	0.00	Classroom space is calculated by MDCPS at \$10,000 per class x 4 schools = \$40,000
Maintenance				0.00	
Electricity				0.00	
Equipment rental (copiers)				0.00	
Communications				0.00	
Supplies					
Office Supplies	2,400.00		0%	0.00	\$200/month
Program Supplies	20,000.00		100%	20,000.00	Classroom materials for soft skills, life skills \$5,000 x 4 school sites = \$20,000
Printing/reproduction				0.00	
Shipping/Postage				0.00	
Non-Capital Equipment (<\$1,000) (List each)					
				0.00	
Capital Equipment (>\$1,000) (List each)					
				0.00	
Professional Services (List each)					
OJT Foremans at construction site	100,000.00		0%	0.00	One foreman for each of the OJT sites \$25,000 x 4 OJT sites = \$100,000
Other (List each)					
Student stipends - Classroom component	50,000.00		100%	50,000.00	\$250/module x 4 modules = \$1,000/student x 50 students = \$50,000
Student stipends - On-the-Job Training (OJT)	91,000.00		100%	91,000.00	\$7.28/hr x 25 hrs/wk = \$182/week/student x 10 weeks = \$1,820 x 50 students = \$91,000
OSHA Certification training	1,000.00		100%	1,000.00	\$250/training x 4 OJT school sites = \$1,000
Liability Insurance for students on construction sites	4,561.33		100%	4,561.33	Annual cost for 50 students
				0.00	
EXPENSES:				\$166,561.00	
Administrative/Indirect Costs					
(Can not exceed 10% of the total award amt)					
TOTAL BUDGET				\$166,561.00	

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 ITN#2006-23 Child Murder and Youth Prevention Initiative Addendum #1

Areas in Blue to be completed by the Agency
 Period Dec 1, 2006 - Nov. 30, 2007 12 months

NAME OF COLLABORATIVE PARTNER:		Collaborative Partner 3 Concerned African Women (CAW)		Justification for Each Line Item
		%	Amount	
SALARIES:				
List Full-Time Employees				
Position	Name	Annual Salary (12 mths)		
Program Director		11,400.00	0%	0.00
Program Coordinator	TBA	45,000.00	100%	45,000.00
Full-Time Total			1.00	45,000.00
List Part -Time/Seasonal Employees				
Administrative				
Asst/Data Entry		12,480.00	0%	0.00
Part-Time Total			0.00	0.00
TOTAL FTEs/SALARIES			1.00	\$45,000.00
FRINGE BENEFITS				
Fica/Mica	Rate: 7.65%			3,442.50
W-Comp's	Rate:			0.00
Unemploy	Rate:			0.00
Health Ins.	Cost per Staff			0.00
Life Inc.	Cost per Staff			0.00
Retirement	Rate:			0.00
Other	Specify & provide calculations			
	Rate:			0.00
TOTAL FRINGE BENEFITS				\$3,442.50

NAME OF COLLABORATIVE PARTNER:		Collaborative Partner 3 Concerned African Women (CAW)		Justification for Each Line Item
		%	Amount	
OPERATING EXPENSES:				
Travel (other than clients)		Cost		
Local mileage, tolls, parking				0.00
Out-of-town				0.00
Travel (clients)				
Bus pass/tokens				0.00
Field trips/Buses/Vans				0.00
Meals (clients)				
Snacks (after school)				0.00
Meals (full days)				0.00
Space				
Lease/Rent	7,200.00	0%	0.00	Program charged at flat fee of \$600/month
Maintenance				0.00
Electricity				0.00
Equipment rental (copiers)				0.00
Communications				0.00
Supplies				
Office Supplies	2,400.00	0%	0.00	\$200/month x 12 months
Program Supplies	2,400.00	100%	2,400.00	\$200/monthly IPC workshop/meeting
Printing/reproduction	18,000.00	0%	0.00	Newsletter Production - IN-KIND
Shipping/Postage	1,800.00	100%	1,800.00	Mailing of newsletters, flyers, questionnaires, meeting notices to IPC members & Advisory Council Approx. \$150/month
Non-Capital Equipment (<\$1,000) (List each)				
				0.00
				0.00
				0.00
Capital Equipment (>\$1,000) (List each)				
				0.00
				0.00
				0.00
Professional Services (List each)				
				0.00
Other (List each)				
				0.00
				0.00
EXPENSES				\$4,200.00
Administrative/Indirect Costs				
(Can not exceed 10% of the total award amt)				
TOTAL BUDGET				\$52,642.50

The Children's Trust
 Grant Application Forms
 ITN#2006-23 Child Murder and Youth Prevention Initiative Addendum #1

Areas in Blue to be completed by the Agency
 Period: December 1, 2006 - November 30, 12 months

			Collaborative Partner 4		Justification for Each Line Item
NAME OF COLLABORATIVE PARTNER			The Children's Psychiatric Center, Inc.		
			%	Amount	
SALARIES:					
List Full-Time Employees					
Position	Name	Annual Salary (12 mths)			
Licensed Grant Therapist	TBA	35,000.00	100%	35,000.00	Conducts weekly inhome services to clients using either FFT or BSFT
Licensed Grant Therapist	TBA	35,000.00	0%	0.00	Conducts weekly inhome services to Project MPACT's OJT participants using either FFT or BSFT (\$35,000 + \$9769.46 fringe benefits = \$44,769.46)
Coordinator	TBA	43,000.00	5%	2,150.00	Therapist will report directly to this person.
Full-Time Total			1.05	37,150.00	
List Part -Time/Seasonal Employees					
Part-Time Total			0.00	0.00	
TOTAL FTEs/SALARIES			1.05	\$37,150.00	
FRINGE BENEFITS					
Fica/Mica	Rate: 7.65%			2,841.98	
W-Comp's	Rate: 1.05%			390.08	
Unemploy	Rate: 1.61%			118.34	
Health Ins.	Cost per Staff \$315.37			3,973.66	
Life Inc.	Cost per Staff \$3.99			50.27	
Retirement	Rate: 7.50%			2,786.25	
Other	Specify & provide calculations				
Dental	Rate: 12.87			162.16	Cost of employees dental which is paid by CPC
TOTAL FRINGE BENEFITS				\$10,322.74	

			Collaborative Partner 4		Justification for Each Line Item
NAME OF COLLABORATIVE PARTNER			The Children's Psychiatric Center, Inc.		
OPERATING EXPENSES: Cost			%	Amount	
Travel (other than clients)					
Local mileage, tolls, parking	600.00		0%	0.00	Staff travel based on CPC cost of .45per mile.
Out-of-town				0.00	
Travel (clients)					
Bus pass/tokens				0.00	
Field trips/Buses/Vans				0.00	
Meals (clients)					
Snacks (after school)				0.00	
Meals (full days)				0.00	
Space					
Lease/Rent	13,200.00		0%	0.00	Cost based on \$18 per sq ft x 733 sq ft.
Maintenance				0.00	
Electricity	1,740.00		0%	0.00	Pro-rata portion of facility electricity
Equipment rental (copiers)	420.00		0%	0.00	Cost of rental equipment
Communications	1,584.00		0%	0.00	Cost for telephone lines @ \$60 x 2.20 x 12
Supplies					
Office Supplies	1,200.00		0%	0.00	Purchase of offices supplies(paper, ink, etc)
Program Supplies	1,800.00		50%	900.00	Purchase of program supplies for clients
Printing/reproduction				0.00	
Shipping/Postage				0.00	
Non-Capital Equipment (<\$1,000) (List each)					
				0.00	
Capital Equipment (>\$1,000) (List each)					
				0.00	
Professional Services (List each)					
				0.00	
Other (List each)					
Training	6,000.00		0%	0.00	Required training for two FFT Therapist.
Cell Phones	360.00		100%	360.00	Cost of cell phones at \$30 per mth
Professional & Liability Insurance	1,205.00		100%	1,205.00	Pro-rata portion of Facility property and liability
				0.00	
OPERATING				\$2,465.00	
Administrative/Indirect Costs					
(Can not exceed 10% of the total award amt)				2,496.89	
TOTAL BUDGET				\$52,434.63	

The Children's Trust
 Grant Application Forms
 ITN#2006-23 Child Murder and Youth Prevention Initiative Addendum #1

Areas in Blue to be completed by the Agency
 Period Dec 1, 2006 - Nov, 30, 2007 12 months

NAME OF COLLABORATIVE PARTNER			Collaborative Partner 5 Community Crusade Against Drugs (CCAD)		Justification for Each Line Item
			%	Amount	
SALARIES:					
List Full-Time Employees					
Position	Name	Annual Salary (12 mths)			
Program Coordinator of Community Policing	Chuck Ridley	65,000.00	30%	19,500.00	20% FTE at \$57,000 = \$11,400 IN-KIND He will coordinate everyone involved with the community policing component including the parents (IPC), the churches, and law enforcement
	TBA			0.00	
Full-Time Total			0.30	19,500.00	
List Part -Time/Seasonal Employees					
Administrative Asst/Data Entry		6,240.00	0%	0.00	25% FTE = 10 hrs/week at \$12.00/hr x 52 weeks IN-KIND
Part-Time Total			0.00	0.00	
TOTAL FTEs/SALARIES			.30	\$19,500.00	
FRINGE BENEFITS					
Fica/Mica	Rate: 7.65%			1,491.75	
W-Comp's	Rate:			0.00	
Unemploy	Rate:			0.00	
Health Ins.	Cost per Staff			0.00	
Life Inc.	Cost per Staff			0.00	
Retirement	Rate:			0.00	
Other Specify & provide calculations					
Total Fringe rate is (18%) minus	Rate: 0.1035			2,018.25	
	Rate:			0.00	
	Rate:			0.00	
	Rate:			0.00	
TOTAL FRINGE BENEFITS				\$3,510.00	

NAME OF COLLABORATIVE PARTNER		Collaborative Partner 5 Community Crusade Against Drugs (CCAD)	
		Cost	
OPERATING EXPENSES:			
Travel (other than clients)			
Local mileage, tolls, parking			0.00
Out-of-town			0.00
Travel (clients)			
Bus pass/tokens			0.00
Field trips/Buses/Vans			0.00
Meals (clients)			
Snacks (after school)			0.00
Meals (full days)			0.00
Space			
Lease/Rent			0.00
Maintenance			0.00
Electricity			0.00
Equipment rental (copiers)			0.00
Communications			0.00
Supplies			
Office Supplies			0.00
Program Supplies			0.00
Printing/reproduction			0.00
Shipping/Postage			0.00
Non-Capital Equipment (<\$1,000) (List each)			
			0.00
Capital Equipment (>\$1,000) (List each)			
			0.00
Professional Services (List each)			
			0.00
Other (List each)			
Life Skills Training			0.00
			0.00
EXPENSES			\$0.00
Administrative/Indirect Costs			
(Can not exceed 10% of the total award amt)			
TOTAL BUDGET			\$23,010.00

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Areas in Blue to be completed by the Agency
 Period Dec 1, 2006 - Nov. 30, 2007 12 months

NAME OF COLLABORATIVE PARTNER:			Collaborative Partner 6		Justification for Each Line Item
			I Have A Dream (IHAD)		
SALARIES:			%	Amount	
List Full-Time Employees					
Position	Name	Annual Salary (12 mths)			
	TBA			0.00	
Full-Time Total			0.00	0.00	
List Part -Time/Seasonal Employees					
			0%	0.00	
Part-Time Total			0.00	0.00	
TOTAL FTEs/SALARIES			.00	\$0.00	
FRINGE BENEFITS					
Fica/Mica		Rate: 7.65%		0.00	
W-Comp's		Rate:		0.00	
Unemploy		Rate:		0.00	
Health Ins.	Cost per Staff			0.00	
Life Inc.	Cost per Staff			0.00	
Retirement		Rate:		0.00	
Other	Specify & provide calculations			0.00	
		Rate:		0.00	
		Rate:		0.00	
		Rate:		0.00	
TOTAL FRINGE BENEFITS				\$0.00	

NAME OF COLLABORATIVE PARTNER:			Collaborative Partner 6		Justification for Each Line Item
			I Have A Dream (IHAD)		
OPERATING EXPENSES:			Cost		
Travel (other than clients)					
Local mileage, tolls, parking				0.00	
Out-of-town				0.00	
Travel (clients)					
Bus pass/tokens				0.00	
Field trips/Buses/Vans				0.00	
Meals (clients)					
Snacks (after school)				0.00	
Meals (full days)				0.00	
Space					
Lease/Rent				0.00	
Maintenance				0.00	
Electricity				0.00	
Equipment rental (copiers)				0.00	
Communications				0.00	
Supplies					
Office Supplies				0.00	
Program Supplies	5,000.00	100%	5,000.00		Reading Manipulatives curriculum (K-12 package), a science-based program, to enhance the reading component of IHAD Miami's existing tutoring program
Printing/reproduction				0.00	
Shipping/Postage				0.00	
Non-Capital Equipment (<\$1,000) (List each)				0.00	
Capital Equipment (>\$1,000) (List each)				0.00	
Professional Services (List each)				0.00	
Other (List each)				0.00	
				0.00	
EXPENSES				\$5,000.00	
Administrative/Indirect Costs					
(Can not exceed 10% of the total award amt)					
TOTAL BUDGET				\$5,000.00	

Areas in Blue to be completed by the Agency
 Period Dec 1, 2006 - Nov 30, 2007 12 months

NAME OF COLLABORATIVE PARTN		Collaborative Partner 7 Miami Dade County Public Schools, Office of Student Services, Dept of Safe Schools		Justification for Each Line Item
		%	Amount	
SALARIES:				
List Full-Time Employees				
Position	Name	Annual Salary (12 mths)		
#1 Safe School Specialist in Region 1	Lily Montpellier	97,000.00	0%	0.00
Ms. Montpellier spends 25% of her time providing Bullying Prevention Education for students, teachers and parents to schools in Region 1 which includes Miami Gardens, Opa-locka, and Carol City. This salary includes all fringe benefits for MDCPS employee. \$24,250 IN-KIND				
#2 Safe School Specialist in Region 1	Miriam Castillo	97,000.00	0%	0.00
Ms. Castillo spends 25% of her time providing Bullying Prevention Education for students, teachers and parents to schools in Region 1 which includes Miami Gardens, Opa-locka, and Carol City. This salary includes all fringe benefits for MDCPS employee. \$24,250 IN-KIND				
Full-Time Total		0.00	0.00	
List Part -Time/Seasonal Employees				
Part-Time Total		0.00	0.00	
TOTAL FTEs/SALARIES		.00	\$0.00	
FRINGE BENEFITS				
Fica/Mica	Rate: 7.65%			0.00
W-Comp's	Rate:			0.00
Unemploy	Rate:			0.00
Health Ins.	Cost per Staff			0.00
Life Inc.	Cost per Staff			0.00
Retirement	Rate:			0.00
Other	Specify & provide calculations			0.00
	Rate:			0.00
	Rate:			0.00
	Rate:			0.00
TOTAL FRINGE BENEFITS				\$0.00

NAME OF COLLABORATIVE PARTN		Collaborative Partner 7 Miami Dade County Public Schools, Office of Student Services, Dept of Safe Schools		Justification for Each Line Item
		%	Amount	
OPERATING EXPENSES: Cost				
Travel (other than clients)				
Local mileage, tolls, parking	1,056.00	0%	0.00	Safe Specialists travel to schools \$0.04 x 100 x 2 specialists = \$88 x 12 months =
Out-of-town			0.00	
Travel (clients)				
Bus pass/tokens			0.00	
Field trips/Buses/Vans			0.00	
Meals (clients)				
Snacks (after school)			0.00	
Meals (full days)			0.00	
Space				
Lease/Rent			0.00	
Maintenance			0.00	
Electricity			0.00	
Equipment rental (copiers)			0.00	
Communications			0.00	
Supplies				
Office Supplies			0.00	
Program Supplies			0.00	
Printing/reproduction	2,500.00	0%	0.00	For training materials
Shipping/Postage			0.00	
Non-Capital Equipment (<\$1,000) (List each)				
			0.00	
Capital Equipment (>\$1,000) (List each)				
			0.00	
Professional Services (List each)				
			0.00	
Other (List each)				
			0.00	
			0.00	
EXPENSES				\$0.00
Administrative/Indirect Costs				
(Can not exceed 10% of the total award amt)				
TOTAL BUDGET				\$0.00

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 ITN#2006-23 Child Murder and Youth Prevention Initiative Addendum #1

Areas in Blue to be completed by the Agency
 Period: December 1, 2006 - November 30, 12 months

NAME OF COLLABORATIVE PARTNER:			Collaborative Partner 8		Justification for Each Line Item
			City of Opa-locka		
			%	Amount	
SALARIES:					
List Full-Time Employees					
Position	Name	Annual Salary (12 mths)			
Full-Time Total			0.00	0.00	
List Part -Time/Seasonal Employees					
Part-Time Total			0.00	0.00	
TOTAL FTEs/SALARIES			.00	\$0.00	
FRINGE BENEFITS					
Fica/Mica		Rate: 7.65%		0.00	
W-Comp's		Rate:		0.00	
Unemploy		Rate:		0.00	
Health Ins.	Cost per Staff			0.00	
Life Inc.	Cost per Staff			0.00	
Retirement		Rate:		0.00	
Other	Specify & provide calculations				
		Rate:		0.00	
TOTAL FRINGE BENEFITS				\$0.00	

NAME OF COLLABORATIVE PARTNER:		Collaborative Partner 8		Justification for Each Line Item
		City of Opa-locka		
		Cost		
OPERATING EXPENSES:				
Travel (other than clients)				
Local mileage, tolls, parking				0.00
Out-of-town				0.00
Travel (clients)				
Bus pass/tokens				0.00
Field trips/Buses/Vans				0.00
Meals (clients)				
Snacks (after school)				0.00
Meals (full days)				0.00
Space				
Lease/Rent				0.00
Maintenance				0.00
Electricity				0.00
Equipment rental (copiers)				0.00
Communications				0.00
Supplies				
Office Supplies				0.00
Program Supplies				0.00
Printing/reproduction				0.00
Shipping/Postage				0.00
Non-Capital Equipment (<\$1,000) (List each)				
				0.00
Capital Equipment (>\$1,000) (List each)				
				0.00
Professional Services (List each)				
				0.00
Other (List each)				
				0.00
EXPENSES:				\$0.00
Administrative/Indirect Costs				
(Can not exceed 10% of the total award amt)	0.05			10,166.00
TOTAL BUDGET				\$10,166.00

Admin costs to cover the management of all collaborators in the Opa-locka S.O.S. coalition. 5% of their portion of the budget, approx. \$200,000.

Areas in Blue to be completed by the Agency
 Period: December 1, 2006 - November 30, 2007 12 months

NAME OF COLLABORATIVE PARTNER: Informed Families			Collaborative Partner 9		Justification for Each Line Item
Position	Name	Annual Salary (12 mths)	%	Amount	
SALARIES:					
List Full-Time Employees					
Community Relations Dir	David Williams, Jr.	61,800.00	8%	4,944.00	Indigenous Community Leader - Facilitates stakeholder recruitment, participation, partner support and community resources to support CAT (school/community prevention) Coalition
Sr. Vice President	Mary Rae Smith	80,881.00	5%	4,044.05	
South Miami CAT Coordinator		35,000.00	0%	0.00	
Full-Time Total			0.13	8,988.05	Facilitates coordination of CAT Coalition within overall City of Miami Gardens Child Violence and Youth Violence Prevention Initiative as participant in Initiative Coalition; ensures CAT Coalition deliverables
List Part -Time/Seasonal Employees				0.00	
Part-Time Total			0.00	0.00	5% donated to provide mentoring services to emerging Miami Gardens CAT Coalition
TOTAL FTEs/SALARIES			.13	\$8,988.05	
FRINGE BENEFITS					
Fica/Mica	Rate: 7.65%			687.59	
W-Comp's	Rate: 1.52%			136.62	
Unemploy	Rate: 1.31%			11.92	
Health Ins.	Cost per Staff	\$312.00		486.72	
Life Inc.	Cost per Staff			0.00	
Retirement	Rate:			0.00	
Other	Specify & provide calculations			0.00	
TOTAL FRINGE BENEFITS				\$1,322.85	

NAME OF COLLABORATIVE PARTNER: Informed Families		Collaborative Partner 9		Justification for Each Line Item
Cost		%	Amount	
OPERATING EXPENSES:				
Travel (other than clients)				
Local mileage, tolls, parking			0.00	NA
Out-of-town	0.00		0.00	NA
Travel (clients)				
Bus pass/tokens			0.00	See Other
Field trips/Buses/Vans			0.00	NA
Meals (clients)				
Snacks (after school)			0.00	NA
Meals (full days)			0.00	NA
Space				
Lease/Rent			0.00	Staff/Consultants to use their existing offices
Maintenance			0.00	NA
Electricity			0.00	NA
Equipment rental (copiers)			0.00	NA
Communications			0.00	NA
Supplies				
Office Supplies	600.00	100%	600.00	To cover regular office supplies for consultants and staff
Program Supplies* See Other			0.00	
Printing/reproduction	342.10	100%	342.00	Specialized printing needs to support assessment and promotion activities
Shipping/Postage			0.00	Coalition mailings, meeting announcements to go out through City of Miami Gardens (to be negotiated)
Non-Capital Equipment (<\$1,000) (List each)				
			0.00	NA
Capital Equipment (>\$1,000) (List each)				
			0.00	NA
Professional Services (List each)				
Miami Gardens CAT Coalition Coordinator	23,000.00	100%	23,000.00	Primary staff person to coordinate all CAT Coalition activities and provide technical assistance to Coalition in Community That Cares best practice
Carlton Hall Consulting, Inc. - Transforming Communities	2,500.00	100%	2,500.00	National Expert in community development and CTC process - to provide two day consultation and presentation for CAT Coalition Orientation and Kick-Off Event
Data Entry Services	6,989.00	33%	2,306.00	Use of MDCollege Work Experience Program student for data input, especially in support of surveys
			0.00	
			0.00	
			0.00	
Other (List each)				
Participant Barriers Fund	2,000.00	100%	2,000.00	To overcome barriers to stakeholder coalition participation such as transportation, babysitting, etc. Institutional representatives may not need such resources but community parents and other may.
School Coalition Activities Fund	5,000.00	100%	5,000.00	\$1000 per school x 5 middle schools to support Coalition activities and in particular to help administer a school survey to determine priority prevention issues.
Coalition Materials and Resources	1,650.00	100%	1,650.00	To cover the cost of training and meeting supplies and other materials of a programmatic nature to support the work of the CAT Coalition
			0.00	
TOTAL OPERATING EXPENSES:				\$37,398.00
Administrative/Indirect Costs				
(Can not exceed 10% of the total award amt)				5,300.10
TOTAL BUDGET				\$53,009.00

ATTACHMENT C:
CONSENT TO CONTACT FORM
(English, Spanish, Creole)



Dedicated to improving the lives of children and families in Miami-Dade County

AGENCY/CONTRACT: _____

PROGRAM NAME: _____

CHILD'S NAME: Last _____, First _____ MI _____

CHILD'S DATE OF BIRTH: Month _____ Day _____, Year _____

Permission for Contact

The Children's Trust provides funding for the above program and is interested in input from participating families. This form allows The Children's Trust to contact you to ask your opinions about the services you and/or your child received. The Children's Trust will keep all information regarding your child confidential and private. Your feedback will only be used to improve services.

CHECK "Yes" if you agree to be contacted and sign below:

YES, The Children's Trust may contact me regarding my participation and satisfaction with the program listed above.

Name: _____

Address: _____ Apt.# _____

City _____, State _____ Zip Code _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____ Beeper#: _____ - _____ - _____

Email Address: _____

Check here if you want to be added to The Children's Trust parent mailing list to receive information regarding child and youth issues, parenting, and other topics.

CHECK "No" if you do not want to be contacted and sign below:

NO, I do not want The Children's Trust to contact me for my input or opinions.

Parent/Guardian's Name: Last _____, First _____ MI _____
PLEASE PRINT

Signature: _____ Date: _____

If you have questions about this form or are interested in more information about the information being collected by The Children's Trust, please contact Dr. Lori Hanson, Director of Research and Evaluation, at 305-571-5700. Revised 10/04/2004



Dedicated to improving the lives of children and families in Miami-Dade County

AGENCIA/CONTRATO: _____

NOMBRE DEL PROGRAMA: _____

NOMBRE DEL NIÑO: Apellido _____, Nombre _____

FECHA DE NACIMIENTO: Mes: _____ Día _____, Año _____

Permiso para ser contactado

El Fidecomiso de los Niños financia el programa arriba mencionado y esta interesado en la opinión de las familias participantes. Esta forma permite al Fidecomiso de los Niños a contactarlo/a a usted para preguntar sus opiniones acerca de los servicios que usted o su hijo/a recibieron. El Fidecomiso de los Niños guardará privada y confidencialmente toda la información referente a su niño/a. Su opinión solamente será usada para mejorar los servicios.

MARQUE "Sí" si usted esta de acuerdo en ser contactado y firme después:

_____ **SÍ, El Fidecomiso de los Niños puede contactarme en relación a mi participación y satisfacción con el programa mencionado a continuación.**

Nombre: _____

Dirección: _____ Apt.# _____

Ciudad: _____, Estado: _____, Código: _____

Teléfono de la casa: _____ - _____ - _____ Teléfono Celular: _____ - _____ - _____

Teléfono del trabajo: _____ - _____ - _____ Beeper#: _____ - _____ - _____

Dirección de Correo electrónico: _____

_____ Marque aquí si usted desea ser incluido en la lista de correo del Fidecomiso de Los Niños para recibir información referente a temas de los niños y de los jóvenes, temas de los padres y otros tópicos.

MARQUE "No" si usted no desea ser contactado y firme después:

_____ **NO, Yo no quiero ser contactado/a por El Fidecomiso de los Niños para obtener mis opiniones.**

Nombre del Padre/Guardián:

Apellido: _____, Nombre: _____

Escriba en letra de Imprenta

Firma: _____ Fecha: _____

Si usted tiene preguntas acerca de ésta forma o está interesado en conocer más acerca de la información que es colectada por El Fidecomiso de los Niños, por favor llame a la doctora Lori Hanson, Directora de Investigación y Evaluación, al teléfono 305-571-5700. Revisado 10/04/04



The Children's Trust

Dedicated to improving the lives of children and families in Miami-Dade County

OGANIZASYON/# KONTRA: _____

NON PWOGRAM : _____

NON TI MOUN: Signati _____, Prenon _____ MI _____

FET TI MOUN NAN: Mwa _____ Jou _____, Ane _____

Pemisyon pou Kontak

“The Children's Trust” bay lajan pou pwogram ki ékri an là-a; pou tèt sa li ta rinmin genyin infòmasyon sou fanmi kap patisipé nan li. Fòm si la ap pemèt “The Children's Trust” pran kontak avek-ou pou yo ka mandé-w sa-w pansé de sèvis pitit ou oswa ou menm resevwa dé yo. “The Children's Trust” ap kimbé tout infòmasyon sa yo sekrè. Nap itilizé opinion-w selman pou nou ka fè sèvis nou yo vin pi bon.

CHEKE “Yes” si ou dakò pou yo kontakte-w e pi siyen an ba paj la

_____ **OUI (YES), “The Children's Trust” kapab kontakté mwen konsènan patisipasyon mwen e pi satisfaksyon mwen avek pwogram si la.**

Non: _____

Adrès: _____ Apt.# _____

Vil _____, Eta _____ Zip Kòd _____

Téléfon: _____ - _____ - _____ Potatif: _____ - _____ - _____

Téléfon: _____ - _____ - _____ Bipè#: _____ - _____ - _____

Adrès Imail: _____

_____ Chéke isit si ou vle “The Children's Trust” méte non-w sou lis adrès paran pou ka resevwa infòmasyon sou pwoblèm ti moun ak la genès, pwoblem paran ak lot sijè.

CHEKE “No” si ou pa vlé yo kontakté-w e pi siyen an ba paj la:

_____ **NO, mwen pa vlé “The Children's Trust” kontakté mwen pou pose'm késyon**

Paran/Non Gadien: Signati _____, Prenon _____ MI _____
SOUPLE AN GROS LET

Signati: _____ Date: _____