

## **COMMUNITY PARTNERSHIP MINI GRANT AGREEMENT**

### **Fiscal Year 2017-2018**

THIS AGREEMENT (hereinafter the "Agreement") is entered into this 1st day of October 2017, between the City of Hallandale Beach, a municipal corporation of the State of Florida (hereinafter referred to as the "CITY/GRANTOR") and Holocaust Documentation & Education Center, Inc. a Florida not for profit corporation (hereinafter referred to as the "GRANTEE").

**WHEREAS,** The City of Hallandale Beach (CITY) through the 2017-2018 Fiscal Year Budget has grant funds to support Community Partnership Mini Grant programs and services that will benefit the residents of Hallandale Beach; and

**WHEREAS,** The intent of this funding is to allocate resources to qualified nonprofit organizations that support meaningful community programs, service learning opportunities and political subdivisions of the State of Florida.

**NOW, THEREFORE,** in consideration of the mutual covenants and obligations herein set forth, the parties understand and agree as follows:

#### **1. Program Description/Deliverables and Project Execution**

The City of Hallandale Beach hereby grants to GRANTEE a Community Partnership Mini-Grant in an amount not to exceed **\$7,650** in consideration of and on condition that the sum be expended in carrying out the purpose as set forth in the funding request and under the terms and conditions set forth in this Agreement. GRANTEE agrees to assume any obligation to furnish any additional funds that may be necessary to complete the project. **Funding shall be used to benefit the residents of the City of Hallandale Beach.**

GRANTEE shall use funding for services as described in this Agreement. GRANTEE agrees to submit in writing, any deviation from the attached Mini Grant Application to the CITY for approval prior to the implementation of changes.

The term of this Agreement shall commence on October 1, 2017, or the date it is fully executed by both parties (whichever is later) and shall end no later than September 30, 2018.

#### **2. Payment and Reporting**

Grantee will be issued a one-time advance payment for the program. An Advance Payment Request Form (EXHIBIT C) is required at which time funding will be disbursed. Grantees are required to submit a Mid-Year Report (EXHIBIT D), which is due April 10<sup>th</sup>, 2018, and Final Report (EXHIBIT E), due October 30<sup>th</sup>, 2018. If GRANTEE's program is completed prior to the full fiscal year and all grant funds have been disbursed, a Final Report is due thirty (30) days after completion of the project. Also to include an expense report of funds that was disbursed.

The CITY reserves the right to require reports more frequently than stated above if necessary, but no more than once a month.

### **3. Project Withdrawal**

If GRANTEE wishes to withdraw a Project, GRANTEE shall notify the CITY of this right pursuant to the Notices provision below.

In the event an approved project cannot be completed, and if Grant Amount was advanced, those funds, plus any accrued interest, must be returned to the CITY.

### **4. Documentation and Recordkeeping**

GRANTEE shall maintain all records related to performance of this agreement and agrees to maintain satisfactory financial accounts, documents and records for the Project. Such records shall be available for a period of three years from the date of receipt of final payment under the Agreement, for inspection and audit by representatives of the CITY, at any reasonable time and place. If audit findings have not been resolved, the records must be retained beyond the three-year period as long as required for the resolution of the issue raised by the audit.

### **5. Promotion of Program Services**

GRANTEE agrees to promote the CITY if applicable when marketing, website, media opportunities, etc. The GRANTEE further agrees to assist the CITY in making a strong case for Community partnerships by providing timely, accurate data and reporting as requested regarding social service needs.

### **6. Termination**

This Agreement shall be terminated upon the occurrence of:

- (1) Breach of this Agreement by the GRANTEE;
- (2) Written notice from the CITY to the GRANTEE to terminate the services under this Agreement, which notice may be given in the sole discretion of the CITY with or without cause; or
- (3) Upon receipt by CITY of written notice from the GRANTEE of GRANTEE'S intent to terminate this Agreement; or
- (4) Failure to maintain 501(c) (3) status.

Notice of termination shall be provided in accordance with the "NOTICES" section of this Agreement except that notice of termination by the City Manager, which the City Manager deems necessary to protect the public health, safety, or welfare may be verbal notice that shall be promptly confirmed in writing in accordance with the "NOTICES" section of this Agreement.

### **7. Assignment**

Neither this Agreement nor any right or obligation provided for by this Agreement shall be assigned by the GRANTEE without the consent of the CITY.

## **8. Charitable Purpose**

Activities under this Agreement will not be used for the purpose of profit.

## **9. Obligations of Grantee**

The GRANTEE shall carry out the services and activities described in this Grant Agreement. The Grant Application and any subsequent changes or additions approved in writing by the CITY is hereby incorporated in this Agreement as though set forth in full in this Agreement. This Agreement may only be amended upon the written agreement of both the CITY and the GRANTEE.

## **10. Governing Laws**

This Agreement shall be governed by the laws of State of Florida and of Broward County, Florida. Any action for breach, enforcement, interpretation, or arising out this Agreement shall be brought only in the Circuit Court of the Seventeenth Judicial Circuit in and for Broward County, and the parties agree to submit to the jurisdiction of that Court.

## **11. Insurance**

At all times during the term hereof, the GRANTEE shall maintain General Liability Insurance acceptable to the CITY. Prior to commencing any activity under this Agreement, the GRANTEE shall furnish to the CITY original certificates of insurance indicating that the GRANTEE is in compliance with the provisions of this Agreement.

1. The GRANTEE shall also provide Worker's Compensation Insurance as required by the laws of the State of Florida.
2. Indemnification

Each party assumes responsibility for the negligence of its own respective employees, appointees, or agents; and, in the event of any claims for damages or lawsuits for any remedy, each party will defend its own respective employees, appointees, or agents. To the fullest extent permitted by law, the GRANTEE agrees to indemnify and hold-harmless the CITY, its officers and employees from any claims, liabilities, damages, losses, and costs, including, but not limited to, reasonable attorney fees to the extent caused, in whole or in part, of the GRANTEE or persons employed or utilized by the GRANTEE in performance of the Agreement.

## **12. Notices**

All notices provided for or required under this Agreement shall be made by certified mail, return receipt requested to the addresses set forth below:

**City of Hallandale Beach:**  
City Manager  
400 S. Federal Highway  
Hallandale Beach, FL 33009

**With Copy to:**

Human Services Department  
Attn: Community Partnership Grants  
1000 N.W. 8<sup>th</sup> Avenue  
Hallandale Beach, FL 33009

**Grantee:**

Rositta Kenigsberg  
Holocaust Documentation & Education Center, Inc.  
303 N Federal Highway  
Dania Beach, FL 33004

**13. Contingencies**

Both the CITY and the GRANTEE recognize that there exists the possibility of contingent events which may adversely impact the GRANTEE'S ability to provide services as provided for under this and other agreements with other GRANTEES, including without limitation, the failure of contributors to remit funds pledged. In the event that any such contingencies should develop or occur, the CITY shall have the right to reduce the amount of funds, suspend the services until conditions change or terminate this agreement and be relieved of its obligation to deliver according to this agreement.

**14. Compliance**

Grantee shall comply with all applicable federal, state, and local laws, codes, ordinances, rules, and regulations in performing its duties, responsibilities, and obligations pursuant to this Agreement.

**15. Representation of Authority**

Each individual executing this Agreement on behalf of a party hereto hereby represents and warrants that he or she is, on the date he or she signs this Agreement, duly authorized by all necessary and appropriate action to execute this Agreement on behalf of such party and does so with full legal authority.

**16. Multiple Originals**

Multiple copies of this Agreement may be executed by all parties, each of which, bearing original signatures, shall have the force and effect of an original document.

**REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK**

[Execution on Next Page]

**IN WITNESS WHEREOF**, the parties hereto have made and executed this Agreement on the respective dates under each signature: CITY OF HALLANDALE BEACH through its authorization to execute same by City Commission action on the 20th, day of September 2017, and Holocaust Documentation & Education Center, Inc. signing by and through its Executive Director duly authorized to execute same.

**CITY**

ATTEST:

CITY OF HALLANDALE BEACH

\_\_\_\_\_  
Mario Bataille  
City Clerk

By \_\_\_\_\_  
Roger M. Carlton  
City Manager

Approved as to legal sufficiency and form by  
CITY ATTORNEY

\_\_\_\_\_  
Jennifer Merino  
City Attorney

**GRANTEE**

ATTEST:

\_\_\_\_\_  
(Name of Corporation)

\_\_\_\_\_  
(Secretary) By \_\_\_\_\_  
(Signature and Title)

(Corporate Seal)

\_\_\_\_\_  
(Print Name and Title Signed Above)

\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

**Provide notary attestation for Grantee's signature below:**

**STATE OF FLORIDA     )  
COUNTY OF BROWARD    )**

The foregoing Agreement was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2017,  
by \_\_\_\_\_ as \_\_\_\_\_  
(Name of Signatory) (Title)  
on behalf of \_\_\_\_\_  
(Name of Entity)

(Seal)

Personally known\_\_\_\_ **OR** Produced Identification\_\_\_\_  
Type of identification produced:  
\_\_\_\_\_

\_\_\_\_\_  
Notary Public – State of Florida

\_\_\_\_\_  
(Name of Notary Typed, Printed, or Stamped)

## EXHIBIT A

### WORK PLAN/SCOPE OF WORK

**Agency Name:** Holocaust Documentation & Education Center, Inc.

**Program Name:** Student Awareness Days

#### I. Program Intent

The program's intent is to reduce prejudice and to raise the consciousness of students by alerting them to the dangers of prejudice and bullying; develop a value system that enhances self-esteem and leads to positive changes in attitudes towards people of other cultures, assist students in demonstrating positive character traits and learning how they can foster positive change in their community.

Student Awareness Day offers students the rare opportunity to sit at the table with a Survivor of the Holocaust. Survivors tell their stories and students are given an opportunity to talk with them about their experience. Through speakers, original Holocaust footage, and discussions, students journey through the historical and philosophical implications of prejudice exemplified by the Holocaust. During the prejudice reduction program, students begin to confront their own feelings and experiences with discrimination, violence, bullying and bigotry. Students are encouraged to become advocates of human decency and dignity and of being more vigilant in their own lives.

The cultivation of critical thinking and compassion are essential characteristics in developing humane, responsible and conscientious citizens of the world; to become upstanders and not bystanders.

A. **Target populations:** Student Awareness Days will serve Hallandale High School students between the ages of 16 – 18 years old.

#### B. Method of Service Delivery (Mandatory Components)

Service Name and Description	# of Participants to Be Served
<p><b>Student Awareness Day Program)</b> – GRANTEE shall provide students an opportunity to dialogue with the heroes who have survived the Holocaust, see original footage and participate in discussions while learning about the dangers of racism, hatred and bigotry through videos, speaker presentations and round-table discussions with Survivors of the Holocaust and trained facilitators.</p> <p>Each student and teacher who attends Student Awareness Days will receive a free USB bracelet and informational packet filled with education resources on the Holocaust. Program attendees will participate in a candle lighting ceremony where they will make a commitment to stop the hate, violence and prejudice.</p>	225

**C. Service Locations:**

The GRANTEE shall provide program services at the following location(s):

Site	Street Address	City	Zip Code
Hallandale High School	720 NW 9 <sup>th</sup> Avenue	Hallandale Beach	33009

**D. Dates/Days/Hours of Operation:** The GRANTEE shall operate the program from October 1, 2017 through September 30, 2018. Daily hours of operation shall be as follows:

School Year	
May 2018	8:30 a.m. to 1:00 p.m.

Additionally, special program activities and events may take place on evenings and Saturdays as needed. The GRANTEE agrees to notify the City within three (3) days in the event of changes to service locations and/or hours of operation.

**E. Staffing Chart**

Staff positions and duties shall be as follows:

# of staff	Position	Primary Duties
1	Educational Outreach Coordinator	Directly responsible for the planning and implementation of the Hallandale Beach Student Awareness Day Event.
1	Comptroller	Oversees the Program Budget
1	Executive Assistant	Oversees the publicity and social media in advertising and promoting the event.
1	President/CEO	Oversees the project and is responsible for the direct supervision of the program staff

**F. Partnership Recognition**

The GRANTEE shall make a concerted effort to promote the CITY and the GRANTEE as partners for these program services. Program staff shall be fully aware of the partnership and able to articulate that their program is supported and funded by the CITY.



## G. File Management

Documentation: The GRANTEE will maintain all appropriate supporting documentation to demonstrate they satisfied the requirements for delivering services as it is defined and paid for during the contract period.

Statistical Demographic Report: The GRANTEE agrees to maintain complete and accurate data and support data quality assurance mechanisms. Failure to implement these measures may impact future funding.

## H. Method of Payment

1. CITY agrees to pay GRANTEE the total amount of **\$7,650.00** for work actually performed and completed pursuant to this Agreement, which amount shall be accepted by GRANTEE as full compensation for all such work. It is acknowledged and agreed by GRANTEE that this amount is the maximum payable and constitutes a limitation upon the CITY's obligation to compensate GRANTEE for its services related to this Agreement. This maximum amount, however, does not constitute a limitation, of any sort, upon the GRANTEE's obligation to perform all items of work required by or which can be reasonably inferred from the Scope of Services.

2. Payment shall be due within thirty (30) days of date stipulated on the invoice, provided invoice is accepted for payment. Payment shall be made only for approved invoices. The CITY retains the right to delay or withhold payment for services which have not been accepted by the CITY.

3. Notwithstanding any provision of this Agreement to the contrary, CITY may withhold, in whole or in part, payment to the extent necessary to protect itself from loss on account of inadequate work which has not been remedied or resolved in a manner satisfactory to the City's Contract Administrator or failure to comply with this Agreement. The amount withheld shall not be subject to payment of interest by CITY.

## I. Work Plan

Work Task	Start-Up Date	Date of Completion
Preliminary arrangements made with Magnet Coordinator	02/01/2018	May 2018
Training session for Survivors and Facilitators	10/19/2017	10/19/2017
Secure Survivors and Facilitators	Feb 2018	May 2018
Plan agenda, program and speakers	Feb 2018	May 2018
Create Student, Teacher, Survivor, and Facilitator packets including contest and map information	08/01/2017	08/31/2017
Prepare registration materials	March 2018	May 2018
Select videos to be presented	March 2018	May 2018
Create and produce student USB and other reference material	08/01/2017	08/31/2017
Order tables and chairs	April 2018	May 2018

Schedule transportation for Survivors, Facilitators, and Speakers Order breakfast for Survivors and Facilitators	April 2018	May 2018
Order lunches and snacks for all	April 2018	May 2018
Arrange audio-visual needs	April 2018	May 2018
Arrange for photographer and videographer	March 2018	May 2018
Confirmations re all Survivors, Facilitators, Teachers, and Students attending	March 2018	May 2018
HHS faculty selects students	April 2018	May 2018
Review student and other evaluations	May 2018	05/31/2018
Prepare student evaluation comment sheet	08/31/2017	May 2018
Follow up thank-you letters to all who attended and helped plan the program	May 2018	05/31/2018

## J. Performance Measures

The GRANTEE shall report individual outcome measurement results. Upon CITY request, GRANTEE shall also report in narrative form, the reasons for dropping-out and failures to achieve the outcomes, as well as, describing any factors that effected outcome achievement or measurement. The GRANTEE shall be responsible for purchasing and including in program budgets outcome tools applicable to their programs.

<b>Performance Measures</b> <b>Student Awareness Days</b> <b>October 1, 2017 - September 30, 2018</b>			
How Much Did We Do?			
Performance Measure	Goal per Contract	Evaluation Tool	Administration Schedule
# of Hallandale Beach Students Served	225	Client Data Tracking Sheet/Sign-In Sheets	Analyzed on a Semi-Annual Schedule
How Well Did We Do It?			
% of funded allocation utilized	95%	Mid-Year and Final Report	Analyzed on a Semi-Annual Schedule
Program Services Site Visit Observations	On Track/Meets Expectations	Site Visit Report	Analyzed on a Semi-Annual Schedule
Is Anyone Better Off?			
% of students who reported an increased awareness regarding the effects of bullying, prejudice and/or violence	85%	Youth Survey Measurement Tool	Post testing at the completion of grant activities

**EXHIBIT B**  
**BUDGET**

Expense Item	Amount Requested	Other/In-Kind Funding	Justification
<b>Personnel</b>	\$1,600.00	\$8,300.00	President, Educational Outreach Coordinator, Comptroller, Administrative Assistant, 20 Survivors, 20 Facilitators, and other volunteer hours for room set up and program preparation.
<b>Consultants</b>	\$1,250.00	\$2,300.00	Speaker, Honoraria, Photographer, PR
<b>Supplies</b>	\$2,450.00	\$8,200.00	USBs, office supplies including folders, pens, notepads, markers, candles, program videos, name tags, table and chair rental.
<b>Other/Specify</b>	\$2,350.00	\$0.00	Transportation: for Holocaust Survivors to and from the event; Food: Breakfast for Survivors and Facilitators; lunches and snacks for all attendees (approximately 275); Printing of all event handouts; Postage Cost: for invitations and confirmations
<b>TOTAL Requests</b>	<b>\$7,650</b>	<b>\$18,800.00</b>	<b>TOTAL BUDGET: \$26,450</b> <hr/>

**Exhibit C  
FY 2017-2018**

**ADVANCE PAYMENT REQUEST**

<b>Organization:</b> Holocaust Documentation & Education Center, Inc.
<b>Project Name:</b> Student Awareness Days

<b>a. Grant Amount</b>	\$	\$7,650
<b>b. Funds Received to Date</b>	\$	
<b>c. Available Grant Amount (a minus b)</b>	\$	
<b>d. Amount Requested</b>	\$	
<b>e. Balance of Funds available for this Agreement Amount requested (c minus d)</b>	\$	
<p><b>Justification for Requested Amount. NOTE: Must be in compliance with program budget line items (e.g., method of calculation for salaries, consultants, supplies, etc.):</b></p>		
<p><b>Signature:</b></p>		
<b>Print Name:</b>	<b>Date</b>	

<b>FOR CITY USE ONLY</b>	
<b>Staff Review and Date</b>	
<b>PAYMENT APPROVAL SIGNATURE</b>	<b>DATE</b>

**EXHIBIT D**  
**FY 2017-2018**  
**MID YEAR REPORT**

<b>Project Name:</b>		
Person Preparing the Report/ Job Title		Phone # (     )     -
Project Start-Up Date:	Project Completion Date:	Amended Completion Date, (if applicable):
<b>Project Description: (Add a brief description of what has happened with the program to date):</b>		

Project Cost	(A)	(B)	(C)	(D)	(E)
	Budget Allocation	Funds Expended this Month	Funds Expended to Date	Funds Remaining	Percentage of Funds utilized to date (C/A=E)
PERSONNEL				0	!Zero Divide
CONSULTANTS/ CONTRACTORS				0	!Zero Divide
EQUIPMENT (OVER \$5,000)				0	!Zero Divide
MATERIALS/ SUPPLIES				0	!Zero Divide
MISC/OTHER				0	!Zero Divide
INDIRECT/ ADMINISTRATION				0	!Zero Divide
<b>Total</b>	<b><u>\$ 0.00</u></b>	<b><u>\$ 0.00</u></b>	<b><u>\$ 0.00</u></b>	<b><u>\$ 0.00</u></b>	!Zero Divide

Performance Measures:	Number:
# of Hallandale Beach Students Served	
% of funded allocation utilized	
% of students who reported an increased awareness regarding the effects of bullying, prejudice and/or violence	

**I certify that the information contained in this Mid-Year Report and Attachments are true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

## EXHIBIT E

### FY 2017- 2018 FINAL REPORT

#### FINAL REPORT GUIDELINES

The Final Report is an opportunity for you to inform the City about the important work you do, and it is a valuable tool for the City to use in assessing the success of the project and future funding considerations for your organization. Please complete the report and submit to the City within thirty days of completion of your project.

**Organization:**

**Date Final Report Submitted:** \_\_\_\_\_

#### 1. Complete the chart below:

##### A. Project Information:

Project Name:		
Person Preparing the Report/ Job Title		Phone #
Project Start-Up Date		
Number of participants served during this period _____	Hallandale Beach Residents _____	Non- Hallandale Beach Residents _____
Participant Status to Date	Active: _____	Terminations: _____ Successful: _____
Completion Date:		Total Number Served
Amended Completion Date (if applicable)		

##### B. Project Cost:

Total Project Cost		Funds Expended to Date	Percentage
City Funding	\$	\$	%
Other Funding	\$	\$	%

(specify source )			
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**FINAL REPORT  
(Continued)**

**2. Please provide the information requested below on Agency letterhead. All information must be submitted typed using an 11pt font.**

- i. The actual number of individuals served by the City grant award. (Provide back-up to support number of individuals served; i.e. copies of sign-in sheets, call logs, etc.)
- ii. List the specific activities used to accomplish the project goals and objectives. In the case of classes, workshops, performances, and the like, indicate the number, frequency, duration, and number of participants. Example: A total of six workshops took place on a monthly basis with each workshop lasting two hours. Ten individuals attended each workshop. (Provide copies of participant attendance logs.)
- iii. List the evaluation methods used to determine the extent to which objectives and goals were met. Provide copies of evaluation tools, such as surveys or tests, when possible. If no evaluation tool is used, please indicate such.
- iv. Indicate how you publicly recognized The City of Hallandale Beach. For example, brochures, program booklet, in annual report, press release, web site. Provide copies of all collateral materials and copies of any media coverage the project has received.
- v. Describe unexpected challenges or opportunities you encountered, if any. You may want to explain why you were unsuccessful at some levels of services. You are also encouraged to share your success stories.
- vi. Please also submit the following financial information:
  - a. Accounting of actual expenses using the Final Expenditure Report Form provided.
  - b. Copies of all expenditures to include receipts, payroll, etc.
- vii. Submit an overall Project Summary.
- viii. The Final Report must be signed by the Authorized Representative.

**FINAL REPORT  
(Continued)  
FINAL EXPENDITURE REPORT FORM**

<b>Program Name:</b>		<b>Organization:</b>				
	<b>(A)</b>	<b>(B)</b>	<b>(C)</b>	<b>(D)</b>	<b>(E)</b>	<b>(F)</b>
	<b>Budget Allocation</b>	<b>Other Program Funds</b>	<b>Other Grant Funds</b>	<b>In-Kind Funding</b>	<b>Total Program Budget</b>	<b>Budget Computation and Justification</b>
<b>PERSONNEL</b>						
<b>CONSULTANTS/ CONTRACTORS</b>						
<b>EQUIPMENT (OVER \$5,000)</b>						
<b>MATERIALS/ SUPPLIES</b>						
<b>MISC/OTHER</b>						
<b>INDIRECT/ ADMINISTRATION</b>						
<b>Total</b>	<b><u>\$ 0.00</u></b>	<b><u>\$ 0.00</u></b>	<b><u>\$ 0.00</u></b>	<b><u>\$ 0.00</u></b>	<b><u>\$ 0.00</u></b>	<b><u>\$ 0.00</u></b>

**REMEMBER TO ATTACH ALL EXPENDITURE RECEIPTS RELATED TO GRANT FUNDS PROVIDED BY THE CITY OF HALLANDALE BEACH.**

I certify that the information contained in this Final Report, including Budget and Attachments are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date



**Thank you in advance for your Final Report. Submit the Final Report to:**

**Community Partnership Grants  
1000 NW 8<sup>th</sup> Avenue  
Hallandale Beach, FL 33009**

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