



## COMMUNITY PARTNERSHIP GRANT AGREEMENT Fiscal Year 2017-2020

THIS AGREEMENT (hereinafter the "Agreement") is entered into on the date it is fully executed by the last signing party, between the City of Hallandale Beach, a municipal corporation of the State of Florida (hereinafter referred to as the "CITY/GRANTOR") and Hallandale Magnet High School, a Florida not for profit corporation (hereinafter referred to as the "GRANTEE").

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

**WHEREAS,** the intent of this funding is to allocate resources to qualified non-profit organizations and publicly funded entities that provide community service programs, training opportunities and core educational services.

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

### 1. Terms of Agreement

The term of this agreement shall be for the period of **October 1, 2017, through September 30, 2018 ("Initial Term")**. The Agreement may be renewed for additional periods comprising the Renewal Option Periods from **October 1, 2018, through September 30, 2019; and October 1, 2019, through September 30, 2020**, at the end of the term at the sole option of the CITY. The Initial Term and Renewal Option Periods shall collectively be referred to as the "Agreement Term."

1.1 GRANTEE understands and acknowledges that the funding will only be for the Agreement Term stated herein. This Agreement is renewable at the sole discretion of the CITY, contingent upon but not limited to the following:

- A. Continued demonstrated and documented need for the services or priority area of funding;
- B. Satisfactory program performance by GRANTEE; and
- C. The availability of funds from the CITY. The CITY may, during the contract period, terminate or discontinue the services covered in this proposal at the end of CITY'S then current fiscal year upon forty-five (45) days prior written notice to the successful proposer. Such prior written notice will state that the lack of appropriated funds is the reason for termination.

This written notification will thereafter release the CITY of all further obligations in any way related to the services covered herein. This Agreement may be terminated with cause or without cause in accordance with the provisions contained in Section 10 of this Agreement.



**2. Program Description/Deliverables and Project Execution**

The CITY hereby grants to GRANTEE a Community Partnership Grant in an amount not to exceed **\$50,000** 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. 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.**

2.1. GRANTEE shall use funding for services as detailed in Exhibit A "Scope of Work/Work Plan", and Exhibit B "Budget". GRANTEE agrees to submit in writing, any deviation from the program as described in the exhibits attached to this Agreement for approval by the City prior to the implementation of changes.

**3. Payment Request and Reporting Schedule**

GRANTEE ensures that the Agreement requirements are met through completion of a Payment Request (Exhibit C) Monthly Report (Exhibit D), and a Final Report (Exhibit E) adhering to the following schedule:

<u>Report Number</u>	<u>Month</u>	<u>Date Due to City</u>
1	October Advance Request*	October 10
2	November Advance Request*	October 10
3	October Reports	November 10
4	November Reports	December 10
5	December Reports	January 10
6	January Reports	February 10
7	February Reports	March 10
8	March Reports	April 10
9	April Reports	May 10
10	May Reports	June 10
11	June Reports	July 10
12	July Reports	August 10
13	August Reports	September 10
14	September (Final Report)	October 10

3.1. If the Grantee's project is completed prior to the full fiscal year and all grant funds have been disbursed, a Final Report is due by the 10<sup>th</sup> of the next month after completion of the project. The CITY reserves the right to require reports more frequently than stated if necessary, but no more than once a month.

3.2. Reports are due on the 10<sup>th</sup> of each month. Reports not received by the 10<sup>th</sup> of the month will be paid the next month. Failure to submit a report when due will result in nonpayment for the month in which the report was due, payment will be paid the following month.



#### **4. Funding and Disbursement Requirements**

The amount of compensation payable by the CITY to the GRANTEE shall be based on the Units of Services rate (if applicable), Payment Schedule and conditions hereto incorporated into the Agreement.

- 4.1. The GRANTEE will provide units of deliverables, including various client services, and in some cases may include reports, findings and drafts as specified in this Agreement, which the CITY must receive and accept in writing prior to payment.

#### **5. Records, Documentation and Recordkeeping**

The GRANTEE shall establish and maintain sufficient records to enable the CITY to determine whether the GRANTEE has met the requirements of the Community Partnership Grant Agreement.

- 5.1. GRANTEE shall maintain all records related to performance of this Agreement and agrees to maintain satisfactory financial accounts, client demographic records, description of activities or services (including location, date and time/s), other related 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.

#### **6. Financial Accountability, Consequences and Recapture of Funds**

The CITY reserves the right to audit the records of the GRANTEE at any time during the performance of this Agreement and for a period of three years after its expiration/termination.

- 6.1. The CITY reserves the right to apply financial consequences or recapture funds in the event that the GRANTEE shall fail: (1) meet the minimum level of service or performance identified in the Agreement, (2) to comply with the terms of this Agreement, or (3) to accept conditions imposed by the CITY.
- 6.2. Financial consequences may include but are not limited to contract suspension, withholding payments until deficiency is cured, tendering only partial payment, refusing payment and/or cancellation of the Agreement.

#### **7. Dispute Resolution**

Any dispute concerning performance of the Agreement will be decided by the City Manager, who will reduce the decision to writing and serve a copy to the GRANTEE.



## **8. Project Withdrawal**

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

- 8.1. In the event an approval project is not completed and payment have been disbursed or advance, said funds plus accrued interest must be returned/ refunded to the City.

## **9. Promotion of Program Services**

GRANTEE agrees to promote the CITY 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 of the CITY.

## **10. Termination**

This Agreement shall be terminated upon the occurrence of:

- (1) Breach of this Agreement by the GRANTEE.
  - (2) GRANTEE'S failure to maintain 501(c) (3) status.
  - (3) GRANTEE'S failure to abide by local, state and federal laws.
  - (4) Written notice from the CITY to the GRANTEE to terminate the services under the Agreement; termination by the CITY may be for convenience.
  - (5) Written notice by the GRANTEE to the CITY of GRANTEE'S intent to terminate the Agreement.
- 10.1. 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.

## **11. Assignment**

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

## **12. Charitable Purpose**

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



### **13. Obligations of GRANTEE**

The Grantee shall carry out the services and activities described in the Scope of Work/Work Plan, which is attached as Exhibit A. The Grant Application, Work Plan, Grant Guidelines and any subsequent change or addition 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.

GRANTEE acknowledges to have read and understands the contents of the Grant Guidelines and will act in accordance with these guidelines and procedures as a condition of acceptance of the funding.

### **14. Governing Laws and Compliance**

The 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.

#### **1. Federal Law**

The GRANTEE agrees to comply with all federal laws, including but not limited to:

- 14.1. Executive Order 11246, Equal Employment Opportunity, as amended by Executive Order 11375 and others, and as supplemented in the Department of Labor regulations.
- 14.2. The GRANTEE will not employ an unauthorized Alien. Such violation will be cause for termination of the Agreement.
- 14.3. The GRANTEE is a non-profit provider and is subject to the Internal Revenue Services (IRS) tax exempt organization reporting requirements (filing of a 990 or Form 990-N).

#### **2. State Law**

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. The parties waive trial by jury.

- 14.4. If any provision of the Agreement is held unenforceable, then such provision will be modified to reflect the parties' intention. All remaining provisions of this Agreement shall remain in full force and effect.

### **15. 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 an original Certificate of Insurance indicating that the GRANTEE is in compliance with the provisions of this Agreement.

- 15.1. The GRANTEE shall also provide Worker's Compensation Insurance as required by the laws of the State of Florida if employing an individual.
- 15.2. 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.

- 15.3. 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.

## 16. Notices

Whenever either party desires or is required to provide notice to the other as addressed in this contract, such notice must be in writing, sent by certified United States Mail, postage prepaid, return receipt requested, or sent by commercial express carrier with acknowledgement of delivery, or by hand delivery with a request for a written receipt of acknowledgment of delivery, or by email provided that the notice is also sent by one of the foregoing methods, and addressed to the party for whom it is intended at the place last specified. The place for giving notice shall remain the same as set forth herein until changed in writing in the manner provided in this section. For the present, the parties designate the following:

**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

**With Copy to:**  
City Attorney  
400 S. Federal Highway  
Hallandale Beach, FL 33009

**With Copy to:**  
Procurement Department  
400 S. Federal Highway  
Hallandale Beach, FL 33009

**GRANTEE:**  
Mark Howard  
Hallandale Magnet High School  
720 NW 9th Avenue  
Hallandale Beach, FL 33009



### **17. Contingencies**

Both 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 GRANTEE'S, 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.

### **18. 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.

### **19. 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.

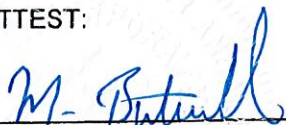
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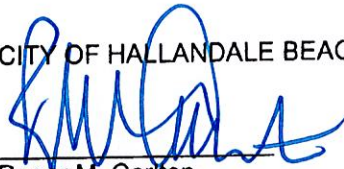


**IN WITNESS WHEREOF**, the parties hereto have made and executed this Agreement on the respective dates under each signature: CITY OF HALLANDALE BEACH through its authorization to execute same by City Commission action on the 4th, day of October 2017, and Hallandale Magnet High School signing by and through its Principal duly authorized to execute same.


**CITY**

ATTEST:

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

CITY OF HALLANDALE BEACH  
  
By \_\_\_\_\_  
Roger M. Carlton  
City Manager  
17 Day of Nov, 2017

Approved as to legal sufficiency and form by  
CITY ATTORNEY

  
\_\_\_\_\_  
Jennifer Merino  
City Attorney  
17 Day of Nov, 2017

[EXECUTION CONTINUED ON NEXT PAGE]





**GRANTEE**

Hallandale High School

(Name of Corporation)

ATTEST:

\_\_\_\_\_  
(Secretary)

By Mark Howard, Principal  
(Signature and Title)

(Corporate Seal)

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

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

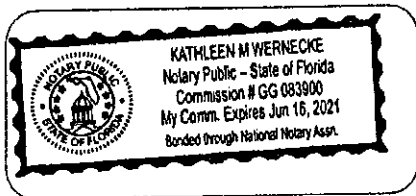
Provide notary attestation for Grantee's signature below:

STATE OF FLORIDA )  
COUNTY OF BROWARD )

The foregoing Agreement was acknowledged before me this 14 day of November, 2017,  
by Mark Howard as Principal  
(Name of Signatory) (Title)  
on behalf of Hallandale High School.  
(Name of Entity)

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

(Seal)



Kathleen M. Wernecke  
Notary Public - State of Florida  
Kathleen M. Wernecke

(Name of Notary Typed, Printed, or Stamped)



**EXHIBIT A**  
**WORK PLAN/SCOPE OF WORK**

**Agency Name:** Hallandale High Magnet School

**Program Name:** Saturday Academic Success Academy

**I. Program Intent**

The Mission of the Saturday Academic Success Academy is to prepare students to be successful in the global 21st Century Society. The program has operated at Hallandale High school for the past seven years and has effectively serviced hundreds of students in the community. The intent of the Hallandale Saturday Academic Success Academy is to enable at risk, low performing students to improve their reading, critical thinking mathematics, science and writing skills by participating in free (3) three-hour tutorial sessions on Saturday mornings.

State policies and mandates require students to take computerized standardized tests in all academic areas; therefore, opportunities for preparation can be achieved through this grant by allowing students access to computerized assistive software. Students (proficient) will also engage in practicing for Industry Certification, SAT/ACT exams and Advanced Placement Assessments through implementation of research-based strategies, certified instructors and peer tutoring. As a result, services provided to students will effectively increase the graduation rate, school grade, and produce literate productive citizens in the community.

In addition, these measures will result in increases in the FSA/EOC, technical programs, advanced placement (AP) scores along with Industry Certification and inevitably determine our school grade. Based on Senate Bill 1908, schools are evaluated based on the number of students passing Advanced Placement exams, which are national advanced norm-reference tests. These tests are not only challenging in nature, but students are compared to students across the nation on their performance. Many of these students across the nation, who will be compared to our students, tend to have more resources and academic support at home and in their communities as compared to our students. Saturday Academic Success Academy offers tutorials to better prepare the students for these rigorous exams thus, helping to equalize the playing field.

Over the past 5 years, there have been increases in the achievement levels of ELL/ESE students. Because of State mandates for these students, there is a need to provide effective programs for them improving their writing performance as well. Alternative methods and resources are needed to assist them in increasing their performance in writing. These students require more individualized instruction.

The principal, assistant principal, site coordinator and curriculum leaders will coordinate the responsibility of the project, and assistant principals will supervise the program. Several teachers, clerical and paraprofessionals will be responsible for the implementation, supervision and coordination of all programs.

**A. Target populations:** Saturday Academic Success Academy Program will serve 75 students ages 14 to 18 years old (up to age 23 for youth with disabilities) residing in Hallandale Beach, Florida and attending Hallandale Beach High School.



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

Service Name and Description	# of Participants to Be Served
<b>Tutoring and Direct Instruction</b> – GRANTEE shall offer free 3 hour tutoring sessions to enable at risk, low performing students to improve their reading, critical thinking mathematics, science and writing skills. Students (proficient) will also engage in practicing for Industry Certification, SAT/ACT exams and Advanced Placement Assessments through implementation of research-based strategies, certified instructors and peer tutoring.	50
<b>Industry Certification</b> – GRANTEE shall offer free 3 hour Industry Certification Instruction. During these sessions, students (proficient) will engage in practicing and taking the Industry Certification exam .The Certifications are as follows: Dream Weaver, Microsoft Office, EKG, AutoCad, Solid Works and Adobe Premiere	10
<b>Advanced Placement Preparation</b> – GRANTEE shall offer free 3 hour tutoring sessions taught by Advance Placement Certified Teachers. The AP courses are as follows: Environmental Science, Literature, Language, Psychology, World History, Spanish, French, US History, US Government, Computer Science, Capstone, Biology, and Calculus.	20
<b>ACT/SAT Preparation</b> – GRANTEE shall offer free 3 hour ACT/SAT direct and web-based instruction which includes, but not limited to the College Board Website and Khan Academy. Students will also meet with the Brace Advisor to explore College and Career Opportunities	20

**C. Service Locations:**

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

Site	Street Address	City	Zip Code
Hallandale Senior High	720 NW 9 <sup>th</sup> Ave	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:

Saturdays	Time Start	Time End
Saturdays	8:00 am	12:00 pm

Additionally, special program activities and events may take place on evenings 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
12	Teachers	Provide tutoring and preparation for assessments
1	Administrator	Supervision and Program Management
1	Site Coordinator	Coordination of Program Services

**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 **\$50,000.00** 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
Academic Tutoring	October 7, 2017	April 14, 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.

How Much Did We Do?			
Performance Measure	Goal per Contract	Evaluation Tool	Administration Schedule
# of contracted youth actually served	1,608 duplicated	Client Data Tracking Sheet	Analyzed on a Quarterly Schedule
How Well Did We Do It?			
% of funded allocation utilized	95%	Monthly Report	Analyzed on a Quarterly Schedule
Program Services Site Visit Observations and Programmatic Monitoring	On Track/Meets Expectations	Site Visit and Monitoring Report	Analyzed on a Quarterly Schedule
Is Anyone Better Off?			
% of students will have benefited from Saturday classes	85%	Client Data Tracking Sheet/Attendance Log	Analyzed on a Quarterly Schedule



**EXHIBIT B  
BUDGET**

<b>Expense Item</b>	<b>Amount Requested</b>	<b>Other/In-kind Funding</b>	<b>Justification</b>
<b>Personnel</b>	\$49,000	\$0.00	Administrator, Site Coordinator, Custodial, Drivers
<b>Incentives</b>	\$1,500	\$0.00	Student/teacher incentives, (gift cards, prizes, awards, etc.)
<b>Supplies</b>	\$1,600	\$0.00	Paper, toner, Advertising,
<b>Other/Specify</b>	\$7,900	\$0.00	Hot Breakfast and lunches for students and staff
<b>TOTAL Requests</b>	<b>\$50,000</b>	<b>\$0.00</b>	<b>TOTAL BUDGET: \$50,000</b>
<b>ADMINISTRATIVE COST</b> The intent of funding is to provide direct services to residents; therefore, Administrative cost should be kept to a minimum. Please provide the amount or percentage of Administrative cost for this budget: \$ <u>0.0%</u>			



**EXHIBIT C  
REQUEST FOR PAYMENT**  
Contract Period: October 1, 2017 to September 30, 2018

1. Project Name:				
2. Organization:				
3. Purchase Order Number:				
4. Billing Month Covered:**				
5. % of Total Grant, Expended thru this Billing:				
<b>6. Cost Categories</b>	<b>Total Expenditures Up to Last Billing</b>	<b>Expenditures This Billing</b>	<b>Total Expenditures To Date</b>	
<b>A. Project Costs</b>				
Personnel				
Fringe Benefits				
Consultants/Contractors				
Equipment (Over \$5,000)				
Travel				
Materials/Supplies				
Misc/Other				
Indirect/Administration				
<b>B. Grant Amount:</b>				
Funds Received to Date				
Available Grant Amount				
Remaining Balance				
<b>7. Activity</b>	<b>Rate Per Unit of Service* (per student)</b>	<b>Frequency of Services (per year)</b>	<b>Not to Exceed Amount</b>	<b>Monthly Payment Request</b>
Saturday Success Camp	\$23.80 Per Student (max 75)	4 weeks per month 7 months Annually	\$50,000	
		<b>Total request**</b>	<b>\$50,000</b>	

**\*\*All payments requests, with corresponding monthly report, shall be submitted to the CITY within 60 days of delivery of service. \* Above units of services is per grant year.**



**EXHIBIT E**  
**REQUEST FOR PAYMENT**  
**(continued)**

<b>8. Detail of request for payment (Attach copies verifying unit of service, i.e. sign in sheets, registration forms, attendance logs, etc.)</b>			
<b>Vendor Name</b>	<b>Invoice # (if applicable)</b>	<b>Description of Service</b>	<b>Amount</b>

Total Request for Reimbursement \$ \_\_\_\_\_

**9. Certification:**

Through submission of this electronic report, I hereby certify that items 1-8 of this billing are correct and just and are based upon obligation(s) of records for the project; that the work and services are in accordance with the CITY's approved agreement including any amendments thereto; and that the progress of the work and services under the agreement are satisfactory and are consistent with the amount billed. Additionally, I certify that I have authority to submit the above on behalf of the Grantee.

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

\_\_\_\_\_  
**Date**





**Exhibit D**  
**FY 2017-2018**  
**MONTHLY PROGRESS REPORT**  
 Date Report Due: 10<sup>th</sup> of each month  
 Reporting Period: \_\_\_\_\_

<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) Budget Allocation	(B) Funds Expended this Month	(C) Funds Expended to Date	(D) Funds Remaining	(E) Percentage of Funds utilized to date (C/A)*
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>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	Zero Divide

Performance Measures:	Numbers:

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

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

\_\_\_\_\_  
Date



**EXHIBIT E**  
**FY 2017-2018**  
**MID YEAR REPORT**  
 Date Report Due: April 10, 2018

<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) Budget Allocation	(B) Funds Expended this Month	(C) Funds Expended to Date	(D) Funds Remaining	(E) 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>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>Zero Divide</b>

Performance Measures:	Numbers:

Please list other Funding Sources and Amount :	
Funding Source	Amount



**Percent of Project completed to date:** \_\_\_\_\_ %

**Anticipated Changes in Staffing:**

1. Office Hours: \_\_\_\_\_
2. Resignations: \_\_\_\_\_
3. Part-Time or Full-Time Employees (s):  
 \_\_\_\_\_  
 \_\_\_\_\_

**Brief Project Summary** (General scope of work performed during the month. Include list of participants name, sign-in-sheets, address, date and type of service(s) as a separate attachment)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe specific work tasks & status completed this month:**

Work Tasks	Status (i.e. underway, completed)

**Describe success or problems encountered with project:**

\_\_\_\_\_

\_\_\_\_\_

**Identify technical assistance needed.**

\_\_\_\_\_

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:** Hallandale High Magnet School

**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 )		



**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>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</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**