

AGREEMENT

THIS AGREEMENT is made and entered into as of this ____ day of _____, _____, by and between

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

(hereinafter referred to as “SBBC”),
a body corporate and political subdivision of the State of Florida,
whose principal place of business is
600 Southeast Third Avenue, Fort Lauderdale, Florida 33301

and

CLOSE UP FOUNDATION, INCORPORATED

(Hereinafter referred to as “Close Up”),
A District of Columbia nonprofit corporation
whose principal place of business is
1330 Braddock Place, Suite 400, Alexandria,
VA 22314.

WHEREAS, pursuant to SBBC Policy 3320, Section II, N, a contract for commodities or contractual services may be awarded, without competitive solicitations, if state or federal law, a grant or a state or federal agency contract prescribes with whom the School Board must contract or if the rate of payment is established during the appropriations process; and

WHEREAS, SBBC intends to provide enhanced instructional and community engagement opportunities for recently arrived immigrant students; and

WHEREAS, as part of the Discovering Your Way series for high school students, SBBC will sponsor eligible students in the 9th, 10th and 11th grades to attend a civic, government studies program in Tallahassee; and

WHEREAS, Close Up desires to provide civic and government studies materials and education services for the Tallahassee Field Trip program to satisfy SBBC's enhanced instruction goals; and

WHEREAS, the SBBC and Close Up desire to memorialize the terms and conditions of their agreement.

NOW, THEREFORE, in consideration of the premises and of the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

ARTICLE 1 – RECITALS

1.01 **Recitals.** The parties agree that the foregoing recitals are true and correct and that such recitals are incorporated herein by reference.

ARTICLE 2 – SPECIAL CONDITIONS

2.01 **Term of Agreement.** Unless terminated earlier pursuant to Section 3.05 of this Agreement, the term of this Agreement shall commence upon execution of all parties and conclude on **June 30, 2019**. The term of the Agreement may, by mutual agreement between SBBC and Close Up, be extended for two (2) additional one-year periods.

2.02 **Title.** The program set forth in this agreement is titled “Rally to the Tally for New Floridians.”

2.03 **Scope of the Program.** Close Up will provide materials and services to up to three hundred (300) high school students throughout the Broward County school district for a 4-day/3-night program in Tallahassee, which also includes visits to Florida Agricultural and Mechanical University (FAMU), the University of Florida, and the University of Central Florida. The program will focus on basic themes in American democracy, representative government in the United States, and civic and community engagement. Close Up will conduct the program in April 2019.

2.04 **Services.** Close Up will provide the curriculum design, program implementation, logistics, lunches, program speakers, and educational resources and materials. All participating students will have access to the educational resources and materials to help them prepare for the program.

2.05 **Cost of Services.** SBBC shall pay Close Up for program materials and services in the amount of Three Hundred, Ninety Thousand Dollars and 00/100 Cents (\$390,000.00) within thirty (30) days after receipt of an appropriate invoice, see **Attachment A**.

2.06 **Disclosure of Education Records.**

(a) SBBC will provide Close Up with student education records for the purpose of enrolling the student in the program;

(b) SBBC will provide Close Up with the following education records:

- 1) **Student Information:** student name, student date of birth, gender, mailing address.
- 2) **Parent or Guardian Information:** parent’s name, parent’s email, parent’s phone number
- 3) **Student Medical Information:** general consent for treatment, right to refuse treatment, assignment of benefits and privacy practices. The forms are handwritten and are provided to Close Up staff upon arrival. Once received, the documents are kept in sealed envelopes unless needed in a medical emergency or a medical issue arises. Upon completion of the program, the forms are returned to SBBC to either return to the student or destroy.
- 4) **Student Demographic Information:** ethnicity, race, legal status
- 5) **Teacher Information:** teacher’s name
- 6) Additional related student information will be disclosed as listed in **Attachments A and B**.

(c) SBBC will obtain written consent from each student’s parent/guardian or student age 18 or older prior to disclosing the education records listed in this section. See **Attachment B**

that is used to obtain parental consent and **Attachment C** that is used to collect student's medical information;

(d) The requirements of this section shall supersede any uses of student information as listed in Close Up's privacy policies.

2.07 **CLOSE UP's Confidentiality of Education Records.**

(a) Notwithstanding any provision to the contrary within this Agreement, CLOSE UP shall:

1) fully comply with the requirements of Sections 1002.22, 1002.221, and 1002.222, Florida Statutes; the Family Educational Rights and Privacy Act, 20 U.S.C § 1232g (FERPA) and its implementing regulations (34 C.F.R. Part 99), and any other state or federal law or regulation regarding the confidentiality of student information and records;

2) hold any education records in strict confidence and not use or re-disclose same except as required by this Agreement or as required or permitted by law unless the parent of each student or a student age 18 or older whose education records are to be shared provides prior written consent for their release;

3) ensure that, at all times, all of its employees who have access to any education records during the term of their employment shall abide strictly by its obligations under this Agreement, and that access to education records is limited only to its employees that require the information to carry out the responsibilities under this Agreement and shall provide said list of employees to SBBC upon request;

4) safeguard each education record through administrative, physical and technological safety standards to ensure that adequate controls are in place to protect the education records and information in accordance with FERPA's privacy requirements;

5) utilize the education records solely for the purposes of providing products and services as contemplated under this Agreement; and shall not share, publish, sell, distribute, target advertise, or display education records to any third party;

6) notify SBBC immediately upon discovery of a breach of confidentiality of education records by telephone at 754-321-0300 (Manager, Information Security), and 754-321-1900 (Privacy Officer), and email at privacy@browardschools.com, and take all necessary notification steps as may be required by federal and Florida law, including, but not limited to, those required by Section 501.171, Florida Statutes;

7) fully cooperate with appropriate SBBC staff, including Privacy Officer and/or Information Technology staff to resolve any privacy investigations and concerns in a timely manner;

8) prepare and distribute, at its own cost, any and all required breach notifications, under federal and Florida Law, or reimburse SBBC any direct costs incurred by SBBC for doing so, including, but not limited to, those required by Section 501.171, Florida Statutes;

9) be responsible for any fines or penalties for failure to meet breach notice requirements pursuant to federal and/or Florida law;

10) provide SBBC with the name and contact information of its employee who shall serve as SBBC's primary security contact and shall be available to assist SBBC in resolving obligations associated with a security breach of confidentiality of education records; and

11) securely erase education records from any media once any media equipment is no longer in use or is to be disposed; secure erasure will be deemed the deletion of the education records using a single pass overwrite Secure Erase (Windows) or Wipe (Unix).

(b) All education records shall remain the property of SBBC, and any party contracting with SBBC serves solely as custodian of such information pursuant to this Agreement and claims no ownership or property rights thereto and, upon termination of this Agreement shall, at SBBC's request, return to SBBC or dispose of the education records in compliance with the applicable Florida Retention Schedules and provide SBBC with a written acknowledgment of said disposition.

(c) CLOSE UP shall, for itself, its officers, employees, agents, representatives, contractors or subcontractors, to fully indemnify and hold harmless SBBC and its officers and employees for any violation of this section, including, without limitation, defending SBBC and its officers and employees against any complaint, administrative or judicial proceeding, payment of any penalty imposed upon SBBC, or payment of any and all costs, damages, judgments or losses incurred by or imposed upon SBBC arising out of a breach of this covenant by the party, or an officer, employee, agent, representative, contractor, or sub-contractor of the party to the extent that the party or an officer, employee, agent, representative, contractor, or sub-contractor of the party shall either intentionally or negligently violate the provisions of this section or of Sections 1002.22 and/or 1002.221, Florida Statutes. This section shall survive the termination of all performance required or conclusion of all obligations existing under this Agreement.

2.08 **SBBC Disclosure of Employee Information.**

(a) SBBC will provide the following employee information to VENDOR:

- 1) Teacher's first and last name
- 2) Teacher's personal cell phone number
- 3) Teacher's company email address

(b) VENDOR will utilize employee's information to facilitate communication throughout the planning process and while at the trip.

2.09 **Fellowships.** Close Up will accommodate thirty-two (32) educators from the school district who will attend the program on full fellowship.

2.10 **Program Evaluation.** Close Up will provide to SBBC a pre-game and post-program evaluation and a final program report.

2.11 **Inspection of CLOSE UP's Records by SBBC.** CLOSE UP shall establish and maintain books, records and documents (including electronic storage media) sufficient to reflect all income and expenditures of funds provided by SBBC under this Agreement. All CLOSE UP's applicable records, regardless of the form in which they are kept, shall be open to inspection and subject to audit, inspection, examination, evaluation and/or reproduction, during normal working hours, by SBBC's agent or its authorized representative to permit SBBC to evaluate, analyze and verify the satisfactory performance of the terms and conditions of this Agreement and to evaluate,

analyze and verify the applicable business records of CLOSE UP directly relating to this Agreement in order to verify the accuracy of invoices provided to SBBC. Such audit shall be no more than one (1) time per calendar year.

(a) Duration of Right to Inspect. For the purpose of such audits, inspections, examinations, evaluations and/or reproductions, SBBC's agent or authorized representative shall have access to CLOSE UP's records from the effective date of this Agreement, for the duration of the term of this Agreement, and until the later of five (5) years after the termination of this Agreement or five (5) years after the date of final payment by SBBC to CLOSE UP pursuant to this Agreement.

(b) Notice of Inspection. SBBC's agent or its authorized representative shall provide CLOSE UP reasonable advance written notice (not to exceed two (2) weeks) of any intended audit, inspection, examination, evaluation and or reproduction.

(c) Audit Site Conditions. SBBC's agent or its authorized representative shall have access to CLOSE UP's facilities and to any and all records related to this Agreement, and shall be provided adequate and appropriate work space in order to exercise the rights permitted under this section.

(d) Failure to Permit Inspection. Failure by CLOSE UP to permit audit, inspection, examination, evaluation and/or reproduction as permitted under this section shall constitute grounds for termination of this Agreement by SBBC for cause and shall be grounds for SBBC's denial of some or all of any CLOSE UP's claims for payment.

(e) Overcharges and Unauthorized Charges. If an audit conducted in accordance with this section discloses overcharges or unauthorized charges to SBBC by CLOSE UP in excess of two percent (2%) of the total billings under this Agreement, the actual cost of SBBC's audit shall be paid by CLOSE UP. If the audit discloses billings or charges to which CLOSE UP is not contractually entitled, CLOSE UP shall pay said sum to SBBC within twenty (20) calendar days of receipt of written demand unless otherwise agreed to in writing by both parties.

(f) Inspection of Subcontractor's Records. If applicable, CLOSE UP shall require any and all subcontractors, insurance agents and material suppliers (hereafter referred to as "Payees") providing services or goods with regard to this Agreement to comply with the requirements of this section by insertion of such requirements in any written subcontract. Failure by CLOSE UP to include such requirements in any subcontract shall constitute grounds for termination of this Agreement by SBBC for cause and shall be grounds for the exclusion of some or all of any Payees' costs from amounts payable by SBBC to CLOSE UP pursuant to this Agreement and such excluded costs shall become the liability of CLOSE UP.

(g) Inspector General Audits. CLOSE UP shall comply and cooperate immediately with any inspections, reviews, investigations, or audits deemed necessary by the Florida Office of the Inspector General or by any other state or federal officials.

2.12 Notice. When any of the parties desire to give notice to the other, such notice must be in writing, sent by U.S. Mail, postage prepaid, addressed to the party for whom it is intended at the place last specified; the place for giving notice shall remain such until it is changed by written notice in compliance with the provisions of this paragraph. For the present, the Parties designate the following as the respective places for giving notice:

To SBBC: Superintendent of Schools
The School Board of Broward County, Florida
600 Southeast Third Avenue
Fort Lauderdale, Florida 33301

With a Copy to: Director, Bilingual/ESOL Department
The School Board of Broward County, Florida
600 Southeast Third Avenue
Fort Lauderdale, Florida 33301

To CLOSE UP: Eric Adydan, Chief Operating Officer
Close Up Foundation, Incorporated
1330 Braddock Place, Suite 400
Alexandria, Virginia 22314

With a Copy to: Jodi Miteva, Director of Marketing and IT
Close Up Foundation, Incorporated
1330 Braddock Place, Suite 400
Alexandria, Virginia 22314

2.13 **Background Screening.** CLOSE UP shall comply with all requirements of Sections 1012.32, 1012.465, 1012.467 and 1012.468 Florida Statutes, and all of its personnel who (1) are to be permitted access to school grounds when students are present, (2) will have direct contact with students, or (3) have access or control of school funds, will successfully complete the background screening required by the referenced statutes and meet the standards established by the statutes. This background screening will be conducted by SBBC in advance of CLOSE UP or its personnel providing any services under the conditions described in the previous sentence. CLOSE UP shall bear the cost of acquiring the background screening required by Section 1012.32, Florida Statutes, and any fee imposed by the Florida Department of Law Enforcement to maintain the fingerprints provided with respect to CLOSE UP and its personnel. The parties agree that the failure of CLOSE UP to perform any of the duties described in this section shall constitute a material breach of this Agreement entitling SBBC to terminate immediately with no further responsibilities or duties to perform under this Agreement. CLOSE UP agrees to indemnify and hold harmless SBBC, its officers and employees from any liability in the form of physical or mental injury, death or property damage resulting from CLOSE UP's failure to comply with the requirements of this section or with Sections 1012.32, 1012.465, 1012.467 and 1012.468 Florida Statutes.

2.14 **Public Records.** The following provisions are required by Section 119.0701, Florida Statutes, and may not be amended. CLOSE UP shall keep and maintain public records required by SBBC to perform the services required under this Agreement. Upon request from SBBC's custodian of public records, CLOSE UP shall provide SBBC with a copy of any requested public records or to allow the requested public records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law. CLOSE UP shall ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the Agreement's term and following completion of the Agreement if CLOSE UP does not transfer the public records to SBBC. Upon completion of the Agreement, CLOSE UP shall transfer, at no cost, to SBBC all public records in possession of CLOSE UP or keep and maintain public records required by SBBC to perform the services required under the Agreement. If CLOSE UP transfers all public records to SBBC upon completion

of the Agreement, CLOSE UP shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If CLOSE UP keeps and maintains public records upon completion of the Agreement, CLOSE UP shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to SBBC, upon request from SBBC's custodian of public records, in a format that is compatible with SBBC's information technology systems.

IF A PARTY TO THIS AGREEMENT HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO ITS DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THE AGREEMENT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT 754-321-1900, RECORDREQUESTS@BROWARDSCHOOLS.COM, RISK MANAGEMENT DEPARTMENT, PUBLIC RECORDS DIVISION, 600 SOUTHEAST THIRD AVENUE, FORT LAUDERDALE, FLORIDA 33301.

2.15 **Liability.** This section shall survive the termination of all performance or obligations under this Agreement and shall be fully binding until such time as any proceeding brought on account of this Agreement is barred by any applicable statute of limitations.

(a) By SBBC: SBBC agrees to be fully responsible up to the limits of Section 768.28, Florida Statutes, for its acts of negligence, or its employees' acts of negligence when acting within the scope of their employment and agrees to be liable for any damages resulting from said negligence.

(b) By CLOSE UP: CLOSE UP agrees to indemnify, hold harmless and defend SBBC, its agents, servants and employees from any and all claims, judgments, costs, and expenses including, but not limited to, reasonable attorney's fees, reasonable investigative and discovery costs, court costs and all other sums which SBBC, its agents, servants and employees may pay or become obligated to pay on account of any, all and every claim or demand, or assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of the products, goods or services furnished by CLOSE UP, its agents, servants or employees; the equipment of CLOSE UP, its agents, servants or employees while such equipment is on premises owned or controlled by SBBC; or the negligence of CLOSE UP or the negligence of VENDOR's agents when acting within the scope of their employment, whether such claims, judgments, costs and expenses be for damages, damage to property including SBBC's property, and injury or death of any person whether employed by CLOSE UP, SBBC or otherwise.

2.16 **Insurance Requirements.** CLOSE UP shall comply with the following insurance requirements throughout the term of this Agreement:

(a) **General Liability.** CLOSE UP shall maintain General Liability insurance during the term of this Agreement with limits not less than \$1,000,000 per occurrence for Bodily Injury/Property Damage; \$1,000,000 General Aggregate; and limits not less than \$1,000,000 for Products/Completed Operations Aggregate.

(b) **Professional Liability/Errors & Omissions.** CLOSE UP shall maintain Professional Liability/Errors & Omissions insurance during the term of this Agreement with a limit of not less than \$1,000,000 per occurrence covering services provided under this Agreement.

(c) **Workers' Compensation.** CLOSE UP shall maintain Workers' Compensation insurance during the term of this Agreement in compliance with the limits specified in Chapter

440, Florida Statutes, and Employer's Liability limits shall not be less than \$100,000/\$100,000/\$500,000 (each accident/disease-each employee/disease-policy limit).

(d) Auto Liability. CLOSE UP shall maintain Owned, Non-Owned and Hired Auto Liability insurance with Bodily Injury and Property Damage limits of not less than \$1,000,000 Combined Single Limit.

(e) Acceptability of Insurance Carriers. The insurance policies required under this Agreement shall be issued by companies qualified to do business in the State of Florida and having a rating of at least A- VI by AM Best or Aa3 by Moody's Investor Service.

(f) Verification of Coverage. Proof of the required insurance must be furnished by CLOSE UP to SBBC's Risk Management Department by Certificate of Insurance within fifteen (15) calendar days of the date of this Agreement. To streamline this process, SBBC has partnered with EXIGIS Risk Management Services to collect and verify insurance documentation. All certificates (and any required documents) must be received and approved by SBBC's Risk Management Department before any work commences to permit CLOSE UP to remedy any deficiencies. CLOSE UP must verify its account information and provide contact details for its Insurance Agent via the link provided to it by email.

(g) Required Conditions. Liability policies must include the following terms on the Certificate of Insurance:

- 1) The School Board of Broward County, Florida, its members, officers, employees and agents are added as additional insured.
- 2) All liability policies are primary of all other valid and collectable coverage maintained by The School Board of Broward County, Florida.
- 3) Certificate Holder: The School Board of Broward County, Florida, c/o EXIGIS Risk Management Services, P.O. Box 4668-ECM, New York, New York 10163-4668.

(h) Cancellation of Insurance. CLOSE UP is prohibited from providing services under this Agreement with SBBC without the minimum required insurance coverage and must notify SBBC within two (2) business days if required insurance is cancelled.

(i) SBBC reserves the right to review, reject or accept any required policies of insurance, including limits, coverage or endorsements, herein throughout the term of this Agreement.

2.17 **Equal Opportunity Provision.** The parties agree that no person shall be subjected to discrimination because of age, race, color, disability, gender identity, gender expression, marital status, national origin, religion, sex or sexual orientation in the performance of the parties' respective duties, responsibilities and obligations under this Agreement.

2.18 **Annual Appropriation.** The performance and obligations of SBBC under this Agreement shall be contingent upon an annual budgetary appropriation by its governing body. If SBBC does not allocate funds for the payment of services or products to be provided under this Agreement, this Agreement may be terminated by SBBC at the end of the period for which funds have been allocated. SBBC shall notify the other party at the earliest possible time before such termination. No penalty shall accrue to SBBC in the event this provision is exercised, and SBBC

shall not be obligated or liable for any future payments due or any damages as a result of termination under this section.

2.19 **Excess Funds.** Any party receiving funds paid by SBBC under this Agreement agrees to promptly notify SBBC of any funds erroneously received from SBBC upon the discovery of such erroneous payment or overpayment. Any such excess funds shall be refunded to SBBC.

2.20 **Incorporation by Reference.** Attachments A, B and C attached hereto and referenced herein shall be deemed to be incorporated into this Agreement by reference.

ARTICLE 3 – GENERAL CONDITIONS

3.01 **No Waiver of Sovereign Immunity.** Nothing herein is intended to serve as a waiver of sovereign immunity by any agency or political subdivision to which sovereign immunity may be applicable or of any rights or limits to liability existing under Section 768.28, Florida Statutes. This section shall survive the termination of all performance or obligations under this Agreement and shall be fully binding until such time as any proceeding brought on account of this Agreement is barred by any applicable statute of limitations.

3.02 **No Third Party Beneficiaries.** The parties expressly acknowledge that it is not their intent to create or confer any rights or obligations in or upon any third person or entity under this Agreement. None of the parties intend to directly or substantially benefit a third party by this Agreement. The parties agree that there are no third party beneficiaries to this Agreement and that no third party shall be entitled to assert a claim against any of the parties based upon this Agreement. Nothing herein shall be construed as consent by an agency or political subdivision of the State of Florida to be sued by third parties in any matter arising out of any Agreement.

3.03 **Independent Contractor.** The parties to this Agreement shall at all times be acting in the capacity of independent contractors and not as an officer, employee or agent of one another. Neither party or its respective agents, employees, subcontractors or assignees shall represent to others that it has the authority to bind the other party unless specifically authorized in writing to do so. No right to SBBC retirement, leave benefits or any other benefits of SBBC employees shall exist as a result of the performance of any duties or responsibilities under this Agreement. SBBC shall not be responsible for social security, withholding taxes, contributions to unemployment compensation funds or insurance for the other party or the other party's officers, employees, agents, subcontractors or assignees.

3.04 **Default.** The parties agree that, in the event that either party is in default of its obligations under this Agreement, the non-defaulting party shall provide to the defaulting party (30) calendar days written notice to cure the default. However, in the event said default cannot be cured within said thirty (30) calendar day period and the defaulting party is diligently attempting in good faith to cure same, the time period shall be reasonably extended to allow the defaulting party additional cure time. Upon the occurrence of a default that is not cured during the applicable cure period, this Agreement may be terminated by the non-defaulting party upon thirty (30) calendar days notice. This remedy is not intended to be exclusive of any other remedy, and each and every such remedy shall be cumulative and shall be in addition to every other remedy now or hereafter existing at law or in equity or by statute or otherwise. No single or partial exercise by any party of any right, power, or remedy hereunder shall preclude any other or future exercise thereof. Nothing in this section shall be construed to preclude termination for convenience pursuant to Section 3.05.

3.05 **Termination.** This Agreement may be canceled with or without cause by SBBC during the term hereof upon thirty (30) calendar days written notice to the other parties of its desire to terminate this Agreement. In the event of such termination, SBBC shall be entitled to a *pro rata* refund of any pre-paid amounts for any services scheduled to be delivered after the effective date of such termination. SBBC shall have no liability for any property left on SBBC's property by any party to this Agreement after the termination of this Agreement. Any party contracting with SBBC under this Agreement agrees that any of its property placed upon SBBC's facilities pursuant to this Agreement shall be removed within ten (10) business days following the termination, conclusion or cancellation of this Agreement and that any such property remaining upon SBBC's facilities after that time shall be deemed to be abandoned, title to such property shall pass to SBBC, and SBBC may use or dispose of such property as SBBC deems fit and appropriate.

3.06 **Compliance with Laws.** Each party shall comply with all applicable federal, state and local laws, SBBC policies, codes, rules and regulations in performing its duties, responsibilities and obligations pursuant to this Agreement.

3.07 **Place of Performance.** All obligations of SBBC under the terms of this Agreement are reasonably susceptible of being performed in Broward County, Florida and shall be payable and performable in Broward County, Florida.

3.08 **Governing Law and Venue.** This Agreement shall be interpreted and construed in accordance with and governed by the laws of the State of Florida. Any controversies or legal problems arising out of this Agreement and any action involving the enforcement or interpretation of any rights hereunder shall be submitted exclusively to the jurisdiction of the State courts of the Seventeenth Judicial Circuit of Broward County, Florida or to the jurisdiction of the United States District Court for the Southern District of Florida. Each party agrees and admits that the state courts of the Seventeenth Judicial Circuit of Broward County, Florida or the United States District Court for the Southern District of Florida shall have jurisdiction over it for any dispute arising under this Agreement.

3.09 **Entirety of Agreement.** This document incorporates and includes all prior negotiations, correspondence, conversations, agreements and understandings applicable to the matters contained herein and the parties agree that there are no commitments, agreements or understandings concerning the subject matter of this Agreement that are not contained in this document. Accordingly, the parties agree that no deviation from the terms hereof shall be predicated upon any prior representations or agreements, whether oral or written.

3.10 **Binding Effect.** This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and assigns.

3.11 **Assignment.** Neither this Agreement nor any interest herein may be assigned, transferred or encumbered by any party without the prior written consent of the other party. There shall be no partial assignments of this Agreement including, without limitation, the partial assignment of any right to receive payments from SBBC.

3.12 **Captions.** The captions, section designations, section numbers, article numbers, titles and headings appearing in this Agreement are inserted only as a matter of convenience, have no substantive meaning, and in no way define, limit, construe or describe the scope or intent of such articles or sections of this Agreement, nor in any way affect this Agreement and shall not be construed to create a conflict with the provisions of this Agreement.

3.13 **Severability.** In the event that any one or more of the sections, paragraphs, sentences, clauses or provisions contained in this Agreement is held by a court of competent jurisdiction to be invalid, illegal, unlawful, unenforceable or void in any respect, such shall not affect the remaining portions of this Agreement and the same shall remain in full force and effect as if such invalid, illegal, unlawful, unenforceable or void sections, paragraphs, sentences, clauses or provisions had never been included herein.

3.14 **Preparation of Agreement.** The parties acknowledge that they have sought and obtained whatever competent advice and counsel as was necessary for them to form a full and complete understanding of all rights and obligations herein and that the preparation of this Agreement has been their joint effort. The language agreed to herein expresses their mutual intent and the resulting document shall not, solely as a matter of judicial construction, be construed more severely against one of the parties than the other.

3.15 **Amendments.** No modification, amendment, or alteration in the terms or conditions contained herein shall be effective unless contained in a written document prepared with the same or similar formality as this Agreement and executed by each party hereto.

3.16 **Waiver.** The parties agree that each requirement, duty and obligation set forth herein is substantial and important to the formation of this Agreement and, therefore, is a material term hereof. Any party's failure to enforce any provision of this Agreement shall not be deemed a waiver of such provision or modification of this Agreement unless the waiver is in writing and signed by the party waiving such provision. A written waiver shall only be effective as to the specific instance for which it is obtained and shall not be deemed a continuing or future waiver.

3.17 **Force Majeure.** Neither party shall be obligated to perform any duty, requirement or obligation under this Agreement if such performance is prevented by fire, hurricane, earthquake, explosion, wars, sabotage, accident, flood, acts of God, strikes, or other labor disputes, riot or civil commotions, or by reason of any other matter or condition beyond the control of either party, and which cannot be overcome by reasonable diligence and without unusual expense ("Force Majeure"). In no event shall a lack of funds on the part of either party be deemed Force Majeure.

3.18 **Survival.** All representations and warranties made herein, indemnification obligations, obligations to reimburse SBBC, obligations to maintain and allow inspection and audit of records and property, obligations to maintain the confidentiality of records, reporting requirements, and obligations to return public funds shall survive the termination of this Agreement.

3.19 **Agreement Administration.** SBBC has delegated authority to the Superintendent of Schools or his/her designee to take any actions necessary to implement and administer this Agreement.

3.20 **Counterparts and Multiple Originals.** This Agreement may be executed in multiple originals, and may be executed in counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute one and the same Agreement.

3.21 **Authority.** Each person signing this Agreement on behalf of either party individually warrants that he or she has full legal power to execute this Agreement on behalf of

the party for whom he or she is signing, and to bind and obligate such party with respect to all provisions contained in this Agreement.

IN WITNESS WHEREOF, the Parties hereto have made and executed this Agreement on the date first above written.

[THIS SPACE INTENTIONALLY LEFT BLANK; SIGNATURE PAGES FOLLOW]

FOR SBBC:

(Corporate Seal)

THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

ATTEST:

By _____
Heather P. Brinkworth, Chair

Robert W. Runcie, Superintendent of Schools

Approved as to Form and Legal Content:

Office of the General Counsel

[THIS SPACE INTENTIONALLY LEFT BLANK; SIGNATURE PAGE FOLLOWS]

ATTACHMENT A

PROPOSAL

EXHIBIT 1

CLOSE UP
WASHINGTON DC

TO • Vicky B. Saldala - Director
Bilingual/ESOL Department
FROM • Close Up Foundation
RE • Close Up - Rally to the Tally for New Floridians
DATE • January 14, 2019

DESCRIPTION: For Title III Immigrant Grant program to serve up to 300 high school students throughout the district. Students in 9th, 10th and 11th grade will attend a 4-day/3-night seminar in Tallahassee which will also include visits to Florida Agricultural and Mechanical University (FAMU), University of Florida and University of Central Florida. During Close Up Youth Summits, students from a community come together to examine and research issues facing their neighborhoods, their cities, and their states. Students will research what actions governments have taken to resolve the issues they care most about and evaluate the efficacy of those actions. Ultimately, students create an agenda for action, made up of specific proposals for legislation or executive policies, which they present to a broad range of decision makers. Students will learn about state and federal government, tour the Capitol, meet state agency officials and prepare a Youth Legislative Agenda to present their committee proposals at the Capitol to members of the House and Senate on Thursday morning. Activities will foster confidence for active citizenship, raising awareness of the American cultural values placed on education and community involvement. Close Up has conducted dozens of summits since 2005 which have focused on local, state and/or national issues. All students will have access to resources and materials to help prepare them for the event. Curriculum design, program implementation, logistics, services, safety and security, liability and secondary health insurance, speakers and educational resources and materials will be provided by Close Up. All instructors meet the requirements of the Jessica Lunsford Act and fully insured through Close Up. Students will be housed four to a room and adults will be housed two to a room. A total of 32 adults will come on full fellowships worth \$1300 each.

<u>Qty</u>	<u>Description</u>	<u>Unit Cost</u>	<u>Total Amt.</u>
300	Broward Immigrant Students	\$ 1,300.00	\$ 390,000.00
32	Broward Educators	\$ 1,450.00	\$ 46,400.00
32	Broward Fellowships	\$ 1,450.00	\$ (46,400.00)
	Balance Due: (Less Payment Rec'vd for Enrollees):		\$ -
	TOTAL AMOUNT		<u>\$ 390,000.00</u>

Close Up Foundation
1330 Braddock Place
Suite 400
Alexandria, VA 22314

If you have questions or need additional information, please contact us anytime by e-mail at schoolaccounts@closeup.org or by telephone at 703-706-3416 between 9:00 AM and 6:00 PM ET.

ATTACHMENT B

ENROLLMENT FORM

Every participant must complete an enrollment form to participate in the Close Up "Rally to Tally" Program. All students and minors should complete this form with a parent or guardian. The enrollment form consists of two pages. Thank you for choosing Close Up and we look forward to having you on program soon!

Please complete your enrollment form and make a copy to keep it handy for your own reference.

Close Up welcomes participation on its programs without regard to gender, race, color, religion, sexual orientation, gender identity, national origin or disability.

The Close Up Program requires a level of education, maturity and independence of participants. Student must be capable of rooming with students from other schools, keeping up with the intensity of program, participating in discussions on public policy issues, history and government with their peers throughout the day, attending seminars, following instructions on where and when to meet instructional staff for workshops, seminars, and meals and comply with all rules on program. I affirm that my student is capable of meeting these requirements.

Parent/Guardian Initials

I. STUDENT INFO

Please type your name exactly as it appears on the ID you will bring on the "Rally to Tally" program.

First Name

Last Name

Participant Name Exactly as on ID

Birth date (enter as mm/dd/yyyy)

Gender:

Male Female

Mailing Address

City or Town

State

Zip

Email

II. PARENT OR GUARDIAN INFO

Parent's Name

Parent's Email

Parent's Phone

Best Phone Number in Case of Emergency

I would like to receive periodic information about the Close Up programs.

III. STUDENT MEDICAL INFO

Your answers to these questions will remain confidential. Please bring to the program:

- Your health insurance card or a copy of the front and back of your card; and
- A completed Medical Questionnaire and Consent for Treatment Form.

Special arrangements require advance notice and planning. Are you: (check all that apply)

- Visually Impaired - other than corrective vision Hearing Impaired
 Do you have difficulty with mobility and/or require assistance to walk such as a wheelchair, crutches or cane?

If you have a disability, history of seizures, or any physically debilitating ailments, please explain here:

For any questions or more information, please contact Sharon Hunter at 800-256-7387 ext. 3499 or at shunter@closeup.org.

IV. DEMOGRAPHICS

For educational and funding reporting purposes, Close Up requests that you provide the following demographic information. Such information will remain confidential and will not be used at any time for selection or placement criteria for the Close Up programs. Please complete all items below. Your cooperation is greatly appreciated.

1. Your Grade

2. Are you a member of a farm/migrant community?

- Yes No

3. Which best describes your school district?

- Urban
 Suburban
 Rural

NOTE: Please answer BOTH questions 4 and 5.

4. Are you Hispanic or Latino:

- No, not Hispanic or Latino
 Yes, Hispanic or Latino

5. Which best describes you? (please select one or more)

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

6. Check here if you are a citizen of the United States:

V. TERMS & CONDITIONS FOR PARENTS/GUARDIANS & STUDENTS

Please take a moment to read our terms & conditions and contact us at 800-256-7387 if you have any questions. Thank you.

I, the parent or guardian of the student ("Participant") submitting this enrollment, request that Participant be allowed to participate on your program and agree to these terms:

1. **CAPABILITY:** I understand that Close Up's program will require Participant to interact with students and Close Up staff in a variety of settings. Participant will engage in structured academic activities and "live and learn" with students that may be from other schools across the country. Participant may share hotel accommodations with students from other schools across the country. Close Up accommodations generally consist of four students to one room containing two beds. Participant is ready, willing and able to participate, to treat everyone with respect at all times and to follow Close Up's rules at all times.
2. **PRE-PROGRAM PREPARATION:** Participant shall complete all readings and due such other pre-program assignments that might be suggested by Close Up to help Participant prepare for his or her successful participation on your program.
3. **CONDUCT ON PROGRAM:** Participant shall: (a) show respect at all times during the program, including to students, teachers, Close Up staff and vendors; (b) be in Participant's hotel room before curfew; and (c) participate in all scheduled program activities unless previously excused by Close Up. Participant shall not: (a) enter a hotel room assigned to members of the opposite sex; (b) leave program or have visitors without prior written permission from parents; or (c) possess or use alcoholic beverages, illicit drugs, or firearms or weapons of any kind. If Participant violates any of these rules as determined by Close Up, I authorize Close Up to send Participant home at my expense and with no refund due.

Close Up also prohibits the use of any tobacco products or electronic nicotine delivery systems, e.g., e-cigarettes, while in Close Up hotels or participating on any component of the Close Up program. Violation of these rules may result in sitting out of a component of program or in expulsion from the program at my expense.

4. **VALUABLES:** Participant is advised to leave valuables at home. Participant may share hotel rooms, meeting space, and buses with students from other schools and communities. Close Up is not liable for lost or stolen items or for any use of personal property, such as Participant's cell phone, even if such use is by other program participants.
5. **PHOTOS and LIKENESS:** I consent to the use in any medium of Participant's name, likeness, audio, video photograph or quotes including posting same on Close Up's website. Close Up may use Twitter or other social media to interact with Participant regarding issues related to the program. Close Up may use Twitter or other social media to interact with Participant regarding issues related to the program. I understand and consent to this use of social media by and with Participant.
6. **CELL PHONES AND IPODS:** I understand that Close Up's program depends on groups of students working together in various learning environments and that cell phone use, iPod or other similar devices during such times interferes with learning opportunities. Thus, Participant shall keep his or her cell phone, iPod and similar devices turned off at all times during program. The exception to this rule is if the instructor specifically authorizes Participant to use his or her phone.
7. **DAMAGES:** I assume liability and full responsibility to pay for any and all damage to Close Up property or property of any Close Up vendor such as hotel, restaurant, seminar room or bus caused by Participant while on program. Hotel damage includes cleaning charges for Participant's room in which there has been smoking as determined by the hotel while the Participant was on program. I will pay any and all charges for damage caused by Participant in accordance with the damaged vendor's policy.
8. **MEDICAL:** If Participant, in the opinion of Participant's teacher or Close Up or its delegate, needs medical consultation or treatment, I authorize such consultation or treatment and authorize release of information as deemed necessary to treat Participant and to assist with related insurance matters. I authorize all medical providers to bill my insurer directly and Participant will bring an original medical card or a copy of the front and back of the card. Further, I understand that Close Up is not in the business of providing medical care but that Close Up will help Participant get access to quality medical care should Participant require it while on program.
9. **FORMS:** Participant must bring the following while on a Close Up program: 1) a completed Medical Questionnaire Form, 2) a signed Consent for Treatment Form and 3) health insurance card or a copy of the front and back of card (if Participant has health insurance).
10. **MEDICATION:** Participant will bring an adequate supply of medication and will self-medicate while on Close Up's program. I will notify Close Up in advance of all medication that needs to be refrigerated.
11. **PROGRAM PRICE:** I understand that the program price includes tuition, room and board, in-town transportation, safety and security, activity fees and secondary health insurance.
12. **DISCLOSURE:** I authorize Close Up to share all information on Participant's application with Close Up employees or their delegates whenever helpful to performing their duties.
13. **STUDENT SURVEY:** I authorize Participant to be a part of a pre- and post-program evaluation study of civic knowledge. All information collected in connection with this survey is confidential.
14. **CERTIFICATION:** I certify that all information on this application and any attachment is correct and I agree to advise Close Up in writing of all changes to the information that might occur between now and Participant's program start date.

I have read and agree to the Close Up Foundation's Terms and Conditions

Participant Signature

Date

Parent/Guardian Signature

Date

ATTACHMENT C

MEDICAL FORM

Georgetown University Hospital

CONSENT FOR TREATMENT, RELEASES,
ACKNOWLEDGEMENTS AND FINANCIAL AGREEMENT FORM

Students, you must bring to Washington:

1. This form (Consent for Treatment) - Completed & Signed
2. Medical Questionnaire Form - Completed & Signed
3. Insurance Card (or copy of front and back)

By my signature on this form, I agree that I:

1. General Consent for Treatment. Voluntarily consent to and authorize such care and treatments, including but not limited to physical or mental examination, diagnostic tests, medical procedures and medications ("Treatments"), by employees and authorized agents of Georgetown University Hospital ("Hospital") as may be considered necessary or advisable in their professional judgment, and may include the drawing and testing for HIV (the virus that causes AIDS) and other blood borne diseases. I further acknowledge that no guarantees have been made regarding the effect such Treatments on any medical condition.

2. Right to Refuse Treatments. Understand that I have the right to make informed decisions regarding all care and Treatments, and that I should ask my health care professional to further clarify or explain anything I do not understand. This right includes the right to refuse any Treatments that I do not want.

3. Assignment of Benefits / Financial Responsibility. Authorize and Assign all claims for and payments of any insurance benefits, workers' compensation benefits, government agency and disability benefits, directly to the Hospital for services rendered. I further assign the proceeds of any settlements, judgments or verdicts from third party liability claims for injuries treated by the Hospital to the Hospital in an amount equal to the outstanding balance of all charges due and owing. I agree that any excess payments may be applied by Hospital to satisfy any outstanding accounts resulting from prior admissions or treatments. As the patient, responsible party, or guarantor of payment for patient, I agree to be responsible for all charges not covered by the patient's insurance coverage or other claims. I further agree that in the event payment is not made in full for all Hospital charges, that to the extent permitted by applicable law, I shall pay all Hospital costs of collection including reasonable attorney's fees and/or collection agency fees.

4. Property Release. Release the Hospital from any responsibility for valuables, money, personal or other possessions which are not properly deposited by me with the Hospital depository and that in any event the Hospital's maximum liability shall be \$500.00.

5. Acknowledgment of Receipt of Notice of Privacy Practices. Acknowledge that I have received or decline the MedStar Health Notice of Privacy Practices and acknowledge that this notice is available for me to keep.

For Georgetown University Hospital Use Only

Patient signature / acknowledgement of receipt of Notice of Privacy Practices not obtained because:

- Emergency patient _____
- Patient / Patient Representative declined to acknowledge _____ GUH Representative
- Patient / Patient Representative unable / unwilling to acknowledge receipt

By signing below, I acknowledge that I have read, understand and agree to the terms and conditions of this form and that I am authorized as the patient or the Patient's Representative to sign this document and be bound by its terms.

Signature of Student

Date

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Relationship to Student

Address

City

State

Zip

Close Up Foundation

CloseUp.org

Georgetown University Hospital

MEDICAL QUESTIONNAIRE FORM

Students, you must bring to Washington:

1. This form (Medical Questionnaire) - Completed & Signed
2. Consent for Treatment Form - Completed & Signed
3. Insurance Card (or copy of front and back)

Last Name _____ First Name _____ DOB _____

Height ft _____ in. _____ Weight _____ lbs. Date of last tetanus booster _____

Yes No

- Do you have difficulty with mobility and/or require assistance to walk such as a wheelchair, crutches, or cane?
Describe _____
- Do you take any prescription or nonprescription medications regularly? Specify _____
Do you have or have you had in the past any of the following?
- A. Any orthopedic problems (acute or chronic sprains, casts)? Date Describe _____
- B. Cerebral palsy or other physically debilitating ailment such as MS, JRS, SLE, MD?
Describe _____
- C. Any allergies severe enough to cause a reaction, such as hay fever or allergies to cigarette smoke, food, bee stings, or other insect bites? Any known drug allergies? Date of Reaction, Describe _____
- D. Professional help, evaluation, testing, or hospitalization for a physical or mental condition?
Describe _____
- E. Any history of seizures, epilepsy, or convulsive disorder (controlled or not)? Describe _____
- F. Any gastrointestinal disorders such as nervous stomach, ulcer, or colitis? Describe _____
- G. Impaired hearing or deafness, significant loss of sight, or legal blindness? Describe _____
- H. Recent operations or significant operations in the past? Describe _____
- I. Asthma or any other problem of the respiratory or cardiac system? Describe _____
- J. Diabetes? Date Specify insulin type, dose, frequency, and testing method.
Describe _____
- K. Are you pregnant? Due Date _____
- L. Any other chronic conditions ? Please be specific _____

I hereby certify that to the best of my knowledge the above information is complete and accurate.

Signature of Student

Date

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Relationship to Student

Close Up Foundation

CloseUp.org