



# AGENDA REQUEST FORM

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

<b>MEETING DATE</b>	2020-01-14 10:05 - School Board Operational Meeting
<b>AGENDA ITEM</b>	ITEMS
<b>CATEGORY</b>	EE. OFFICE OF STRATEGY & OPERATIONS
<b>DEPARTMENT</b>	Grants Administration

<b>Special Order Request</b>
<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Time</b>
<b>Open Agenda</b>
<input checked="" type="radio"/> Yes <input type="radio"/> No

**ITEM No.:**  
EE-3.

**TITLE:**

Agreement with the Florida Commission on Community Service

**REQUESTED ACTION:**

Approve the Agreement between The School Board of Broward County, Florida, and the Florida Commission on Community Service, doing business as Volunteer Florida. The Agreement period shall commence upon full execution of all parties and shall conclude on September 30, 2020.

**SUMMARY EXPLANATION AND BACKGROUND:**

The District was awarded a \$15,000 Volunteer Generation Fund grant award from Volunteer Florida to support the Day of Service and Love to occur February 14, 2020. This project will improve community resiliency through various school- and community-based service projects. Skills-based volunteers will build awareness, engagement, and connections during times of disaster recovery; create significant reflection and service opportunities; raise visibility of mental health needs within our community; grow the network of community partners; link communities with information, resources, and opportunities for ongoing service, and encourage stronger civic engagement. The grant submission was approved by the School Board on September 4, 2019 (Item #EE-1).

The Agreement has been reviewed and approved as to form and legal content by the Office of the General Counsel.

**SCHOOL BOARD GOALS:**

Goal 1: High Quality Instruction     Goal 2: Safe & Supportive Environment     Goal 3: Effective Communication

**FINANCIAL IMPACT:**

The positive financial impact is \$15,000. The District will provide an in-kind match of \$15,000 through 11.835 percent of the time of the Program Manager, Recovery.

**EXHIBITS: (List)**

(1) Executive Summary (2) VF Contract 2019 (3) Executed EE-1 SBOM 090419

**BOARD ACTION:**  
**APPROVED**  
(For Official School Board Records Office Only)

<b>SOURCE OF ADDITIONAL INFORMATION:</b>	
Name: Philip Harris	Phone: 754-321-1783
Name: Stephanie Williams-Louis	Phone: 754-321-2260

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**  
**Senior Leader & Title**

Maurice L. Woods - Chief Strategy & Operations Officer

Signature  
*Maurice Woods*  
12/19/2019, 12:24:24 PM

Approved In Open Board Meeting On: **JAN 14 2020**  
By: *[Signature]*  
School Board Chair

## AGREEMENT EXECUTIVE SUMMARY

<b>Grant Program</b>	<b>Volunteer Florida – Volunteer Generation Fund (VGF)</b>
Financial Impact Statement	The positive financial impact is \$15,000. The source of funds is Volunteer Florida. The District will provide an in-kind match of \$15,000 through 11.835 percent of the time of the Program Manager, Recovery.
Schools Included	District-Wide
Managing Department/School	Student Support Initiatives and Recovery (SSIR)
Source of Additional Information	1. Dr. Philip Harris, Program Manager, Recovery <span style="float: right;">754-321-1783</span>
Project Description	<p>Approaching the two-year mark of the Marjory Stoneman Douglas (MSD) tragedy, SBBC is committed to provide continuing support to our students, staff, families, and communities. Following the lead of MSD High School, SBBC has adopted the idea of engaging in A Day of Service and Love.</p> <p>This project will improve community resiliency through various school- and community-based service projects. Skills-based volunteers will build awareness, engagement, and connections during times of disaster recovery; create significant reflection and service opportunities; raise visibility of mental health needs within our community; grow the network of community partners; link communities with information, resources, and opportunities for ongoing service, and encourage stronger civic engagement.</p> <p>SBBC and national partner The Center for Mind-Body Medicine will provide training in evidence-based practices of mind-body techniques to relieve stress, heal trauma, and enhance health and well-being. SBBC and community partner HandsOn Broward will encourage a stronger civil society and bring individuals closer through meaningful, responsive skills-based volunteering. Volunteers will ultimately become community models of how to build awareness, encourage engagement, and enhance connections during a time of personal tragedy or loss.</p>
Evaluation Plan	BCPS opts into the required performance measures. BCPS, in collaboration with HandsOn Broward, will recruit 400 skills-based volunteers of varying ages to serve at least 3,000 hours throughout the 2019/20 school year. BCPS also plans to participate in a pre- and post-test assessment measuring organizational implementation of effective volunteer management practices.
Research Methodology	Several studies show evidence that volunteers can be significant resources in helping create a supportive and welcoming environment at schools and facilitating students' behavior and performance. As positive role models and student motivators, volunteers are viewed as contributing to better school attendance, improved grades and test scores, matriculation, less misbehavior, better social skills, staying in school, graduating, and going on to college. Available evidence suggests that when adult volunteers are present, students see that adults take school and education seriously and respect learning. This promotes positive attitudes toward school. Extrapolating from a wide range of research, it seems safe to conclude that volunteers can be a valuable asset in enhancing a school's efforts to support learning and teaching.
Alignment with Strategic Plan	This program aligns with District Strategic Plan Goal 1: High-Quality Instruction (Connection to School) and District Strategic Plan Goal 3: Effective Communication (Community Partnerships) as student achievement and engagement increase through community involvement and volunteerism in schools.
Level of Support provided by Grants Administration (GA)	GA provided level 3 contract processing support. GA staff managed communication with the funder to add standard contract language to the agreement, acted as the contact person for the legal contract review process, processed the agreement package for board review, and will ensure proper execution and archiving of the agreement.



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**Volunteer Florida  
Volunteer Generation Fund Contract  
2019-2020**

This Contract is hereby made and entered into as of this 14<sup>th</sup> day of January, 2020 (the "Effective Date"), by and between the Florida Commission on Community Service, through Volunteer Florida as authorized by Section 14.29, Florida Statutes (the "Commission"), having its principle place of business at 1545 Raymond Diehl Road, Suite 250 Tallahassee, FL 32308, and The School Board of Broward County, Florida, with its principal place of business located at 600 South East Third Avenue Fort Lauderdale, FL 33301 (the "Provider") (collectively, the "Parties") and referred to herein as the "Contract Agreement."

**WHEREAS**, the Provider wishes to conduct the Broward Day of Service and Love Project that will cultivate community resiliency through both acts of response to a disaster and mitigating future mental health disasters; and

**WHEREAS**, the Provider applied for the Volunteer Generation Fund grant of Fifteen Thousand Dollars and 00/10 Cents (\$15,000.00) to fund the Broward County Day of Service and Love program; and

**WHEREAS**, the Commission has granted Provider with a matching grant of Fifteen Thousand Dollars and 00/10 Cents (\$15,000.00) to fund the Broward County Day of Service and Love program.

**NOW THEREFORE**, in consideration of the mutual covenants hereinafter set forth herein, the Parties agree as follows:

**I. Recitals**

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

**II. Contract Terms and Conditions**

This Volunteer Generation Fund Contract Agreement and its attachments as referenced below and incorporated herein contain all the terms and conditions agreed upon by the parties.

**A. Contract Term**

This Volunteer Generation Fund Contract Agreement is for the period of twelve months beginning on the Effective Date as identified above and terminating on the 9/30/2020 (the "Termination Date").

**B. Contract Allocation**

1. Total Contract Amount: \$ 30,000.00
2. Total Corporation for National and Community Service (CNCS) Share: \$15,000.00
3. Total Grantee (Provider) Share: \$15,000.00



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**C. Contract Deductions and Withholdings**

The Commission reserves the right to deduct the following expenses from the Provider Budget.

1. **Contract Grantee and Match Amount.** The Provider must provide matching funds cash or in-kind contributions as stated in the approved Budget. If the Provider is unable to meet their contracted match amount, the Commission reserves the right to hold payments and utilize the Provider's reimbursement request to meet the required match.

**D. Contract Payments**

**1. Funding**

This will be a cost reimbursement contract. Reimbursement for the contracted services will be contingent upon the documented allowable expenditures for the specified contract period. The Commission's performance and obligation to pay for services rendered under this contract is contingent upon available funding from the Corporation for National and Community Service and the State of Florida.

**2. Invoicing**

- a. The Provider will submit to the Commission a monthly invoice using the Volunteer Florida Invoice Form attached hereto as **Exhibit IV** and incorporated herein by reference (the "**Reimbursement Invoice**"). All Reimbursement Invoices are due no later than the 15th of each month.
- b. A confirmation of completion of the financial training and of the criminal history checks training must be completed prior to reimbursement for the first monthly invoice. Failure to provide these documents will result in a delay of payment.
- c. Monthly invoice documentation should be sent electronically or in hard copy to: Volunteer Florida, Finance Department, 1545 Raymond Diehl Road, Suite 250 Tallahassee, FL 32308, [per@volunteerflorida.org](mailto:per@volunteerflorida.org).

**3. Overpayment**

In the event that the Commission, the Provider or an auditor discovers an overpayment has been made to the Provider, the Provider will repay the overpayment within thirty (30) calendar days.

**E. Termination**

**1. Termination at Will**

This contract may be terminated without cause by either of the Parties upon no less than sixty (60) calendar days' notice provided in writing in accordance with all notice provisions included herein, unless both parties mutually agree upon a lesser time. Notice will only be sufficient if it complies with the notice requirements identified herein.



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**2. Termination Due to Lack of Funds**

In the event the Commission determines funds necessary to finance this Provider Agreement become unavailable, the Commission may immediately terminate the Provider Agreement by providing written notice in accordance with all notice provisions herein. The Commission shall be the final authority as to the availability of funds.

**3. Termination for Breach**

The Commission may immediately terminate this Volunteer Generation Fund Contract for cause, including for non-compliance or breach of contract by the Provider. If applicable, the Commission may employ the default provision in Florida Administrative Code, Chapter 60A-1.006(3). Waiver of breach of any provisions of this Volunteer Generation Fund Contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this Volunteer Generation Fund Contract. The provisions herein do not limit the Commission's right to remedies of law or to damages.

**III. Other Provisions**

**a. Ownership and Sharing of Grant Products**

The Provider, to the extent possible, agrees to make products produced under this contract available to others in the field at the cost of reproduction. The Commission retains royalty-free, non-exclusive and irrevocable licenses to obtain, use, reproduce, publish or disseminate products, including data, produced under this contract and to authorize others to do so. The Commission may distribute such products through a designated clearinghouse. The Provider may not sell any work that includes the Commission logo without prior written approval from the Commission.

**b. Point of Contact**

The primary contact for all matters relating to this contract agreement shall be the staff listed herein, unless otherwise specified in writing. The primary contact will notify all parties in writing of alternative contacts should that person become unavailable. The name, address and telephone number of the Volunteer Generation Fund Program Manager is: Audrey Kidwell, 1545 Raymond Diehl Road, Suite 250 Tallahassee, FL 32308, (850) 414-7400.

**c. Contract Exhibits**

The following Exhibits are incorporated herein as part of the 2019-2020 Volunteer Generation Fund Contract Agreement:

- Exhibit I – Volunteer Florida Contract Provisions
- Exhibit II – Volunteer Generation Fund Proposal and Budget
- Exhibit III – National Criminal History Check Status Form
- Exhibit IV – Reimbursement Invoice (Periodic Expense Report)
- Exhibit V – Budget Revision Request Form
- Exhibit VI – Reporting Guidance



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Exhibit VII – W-9 Form  
Exhibit VIII – Vendor EFT Form  
Exhibit IX – CNCS Required Trainings

**d. 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.

**e. Background Screening**

Commission agrees to comply with all requirements of Sections 1012.32 and 1012.465, 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 Commission or its personnel providing any services under the conditions described in the previous sentence. Commission 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 Commission and its personnel. The parties agree that the failure of Commission 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. To the extent permitted by law, Commission 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 Commission's failure to comply with the requirements of this section or with Sections 1012.32 and 1012.465, Florida Statutes. Nothing herein shall be construed as a waiver by SBBC or Commission of sovereign immunity or of any rights or limits to liability existing under Section 768.28, Florida Statutes.

**f. Public Records**

Each party shall maintain its own respective records and documents associated with this Agreement in accordance with the records retention requirements applicable to public records. Each party shall be responsible for compliance with any public documents request served upon it pursuant to Section 119.07, Florida Statutes, and any resultant award of attorney's fees for non-compliance with that law.

**g. 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.



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**h. 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.

**i. 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, and contributions to unemployment compensation funds or insurance for the other party or the other party's officers, employees, agents, subcontractors or assignees.

**j. Governing Law and Venue**

This Agreement shall be interpreted and construed in accordance with and governed by the laws of the State of Florida.

**k. SBBC Disclosure of Volunteer Records, Information Records and Education Records**

1. For the purpose of grant accountability reporting, SBBC will submit
  - a. Statistical information to the Commission on volunteers (which may include SBBC employees and students) that is not personally identifiable, as listed in Exhibit VI, sections I – II. To provide Commission with meaningful results and protect the privacy of individuals, data are not reported when the total number of individuals in a group is less than 10.
  - b. Personally identifiable narratives of successes and challenges encountered during the grant program and photos of volunteers (which may include SBBC employees and students) in action, as listed in Exhibit VI, sections II – III.
2. If requested by the Federal Funding Source through their audit process, SBBC will provide the Commission with the following personally identifiable information of volunteers (which may include SBBC employees): first and last name, city of residence, method of recruitment, participation in orientation and/or training activities, planned and actual role, assignment(s) or activities, start and end dates of service, and hours served.
1. 3. SBBC will obtain written consent from each volunteer whose personally identifiable records are to be shared prior to disclosing records listed above. For SBBC student volunteers, SBBC will obtain written consent from each student's parent/guardian or student age 18 or older whose education records are to be shared prior to disclosing or allowing access to the education records listed above.



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The name, address, and telephone number of the Provider's Program Contact is:

Name: Philip Harris Title: Program Manager, Recovery  
Address: 1400 NW 14th Ct. Fort Lauderdale, FL 33311  
Phone: 754-321-1783 E-mail: philip.harris@browardschools.com

The name and mailing address of the Fiscal Contact for the Provider is:

Name: Sandra Lyons Title: Budget Analyst IV  
Address: 1400 NW 14th Ct. Fort Lauderdale, FL 33311  
Phone: 754-321-1782 E-mail: sandylyons@browardschools.com

The physical mailing address where financial and administrative records are maintained and the name and contact information of a Provider representative with access to the records maintain at this location:

Name: Philip Harris Title: Program Manager, Recovery  
Address: 1400 NW 14th Ct. Fort Lauderdale, FL 33311  
Phone: 754-321-1783 E-mail: philip.harris@browardschools.com

In the event that different representatives are designated by either party after execution of this contract, notice of the name, address and telephone number of the new representative will be rendered in writing to the other party and said notification attached to originals of this contract.



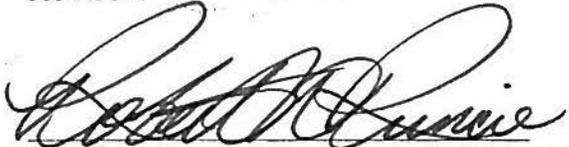
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IN WITNESS THEREOF, the parties hereto have caused this contract to be executed by their undersigned officials as duly authorized.

**FOR PROVIDER**

(Corporate Seal)

ATTEST:

  
Robert W. Runcie, Superintendent of Schools

THE SCHOOL BOARD OF BROWARD  
COUNTY, FLORIDA

By   
Donna P. Korn, Chair

Approved as to Form and Legal Content:



Digitally signed by Kathelyn Jacques-Adams, Esq. - kathelyn.jacques-adams@gbrowardschools.com  
Reason: Florida Commission on Community Service, through Volunteer Florida  
Date: 2019.12.16 11:07:30 -05'00'

Office of the General Counsel

Provider Fiscal Year End Date:

\_\_\_\_\_

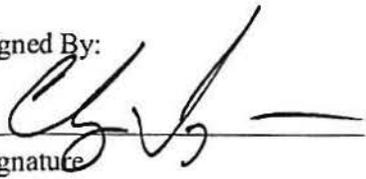
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**COMMISSION**

Signed By:

  
\_\_\_\_\_  
Signature

Clay Ingram  
Chief Executive

12-16-19  
Date



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**Exhibit I**  
**CONTRACT PROVISIONS**  
**2019-2020**

**I. PROVIDER AGREEMENTS**

**A. Compliance**

1. The Provider must comply with the requirements of the National and Community Service Act of 1990 and the National and Community Service Trust Act of 1993. The Provider shall also comply with applicable Federal cost principles, administrative, and audit requirements as well as all applicable Florida Statutes (Attachment A). Additionally, the Provider will adhere to all federal statutes, regulations, or other laws related to the Americans with Disabilities Act of 1990, and any amendments thereto.
2. All such requirements are incorporated herein by reference.
3. The Provider will rectify all compliance issues identified by the Commission in writing within the time period set forth by the Commission or all reimbursements will be withheld until the Commission is satisfied all deficiencies have been corrected. Written documentation should include how all noted deficiencies were corrected or an acceptable justification, action plan and timeline of compliance for any deficiencies not corrected within the time period set forth.
4. The Provider further agrees to adhere to the most current policies of the state of Florida as implemented by the Commission and of the federal government. The Provider is responsible for ensuring that all staff, agents, volunteers, or any other individuals or participants acting on behalf of the Provider acts in accordance with all such regulations and policies.

**B. Program Training**

The Provider must attend the required Volunteer Generation Fund training. The training is scheduled for November 19-21, 2019 in Orlando, FL.

**C. Budget**

The budget for the delivery of services described in the Provider Agreement, (the "Program Budget") as well as a budget narrative is identified in Exhibit II, which is attached hereto and incorporated by reference herein.

**1. Match Requirements and Cash or In-Kind Contributions**

The Provider must provide matching funds cash or in-kind contributions as stated in the approved Budget. Partnering organizations working with the Provider to provide cash or in-kind contributions must submit a letter on their organization's letterhead signed by an authorized official of the organization



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stating the amount of cash or in-kind contribution donated to the Provider and any required stipulations. Cash or in-kind contribution letters must include a description of each service or resource that will be provided and the dollar value of each.

## **2. Budget Revisions**

Approval must be obtained by the Commission if the Provider intends to adjust a budget line by ten percent (10%) or more of the Provider Budget. The Commission reserves the right to disallow any such revisions. Revisions to the Program Budget must be submitted using the Volunteer Florida Budget Revision Request Form attached hereto as Exhibit V and incorporated herein by reference.

## **D. Property**

The Provider agrees that any purchases in furtherance of the Provider Agreement shall be procured in accordance with the provisions of Florida Statutes §§ 403.7065 and 287.045. To be reimbursed by the Commission for the purchase of any goods to be used in furtherance of the Provider Agreement, which are not identified in the approved Program Budget and have a purchase price equal to or greater than \$1,000, the Provider must obtain prior written approval from the Commission.

## **E. Program Reports**

All programs are required to complete and submit a mid- contract year and final report ("Program Reports") during the term of the Provider Agreement via a format approved by the Commission (Exhibit VI). The mid-cycle Program Reports shall be submitted by the Provider no later than April 15, 2020, to cover the period of October 1, 2019 - March 31, 2020. The final report shall be submitted by the Provider no later than October 12, 2020 to cover the period of April 1- September 30, 2020. Notwithstanding, the Commission reserves the right to require Providers to submit any Program Report at any point during the term of the Provider Agreement.

## **F. Other Reports**

The Provider agrees to provide other reports as may be requested by the Commission.

### **1. Fiscal Online Training**

The Provider must submit certification of completion of the online CNCS Key Concepts of Financial and Grants Management training located on the CNCS Resource Center website within forty-five (45) days of the Effective Date. Please use the link <http://cncsonlinecourses.litmos.com/self-signup> and token code CNCS-Litmos to set up your Litmos account. The Program Contact, as identified herein, must complete this online course. If the Provider fails to complete this online course the Commission reserves the right to withhold payment.



**2. National Criminal History Checks Online Training.** The Provider must submit certification of completion of the online CNCS National Service Criminal History Checks training located on the CNCS Knowledge Network website within forty-five (45) days of the Effective Date. Please use the link <http://cncsonlinecourses.litmos.com/self-signup> and token code CNCS-Litmos to set up your Litmos account. The Program Contact, as identified herein, must complete this online course. Confirmation of completion should be submitted as a grant requirement prior to the first Reimbursement Invoice, as defined below. If the Provider fails to complete this online course the Commission reserves the right to withhold payment.

**3.** The Provider must submit certification of completion (Exhibit IX) within forty-five (45) days of the Effective Date. Confirmation of completion should be submitted with the first Reimbursement Invoice, as defined below. If the Provider fails to complete this online course the Commission reserves the right to withhold payment.

**4. Periodic Expense Reports for Reimbursement**

The Provider will submit to the Commission a monthly invoice using the Reimbursement Invoice Form attached hereto as Exhibit IV and incorporated herein by reference (the "Reimbursement Invoice"). All Reimbursement Invoices, including the Final Periodic Expense Report for Reimbursement, are due 15 days after the end of the period of the report. If circumstances occur delaying the Reimbursement Invoice, an explanation should be sent in writing, electronically, to the Commission before the Reimbursement Invoice is due (the "Notice of Reimbursement Invoice Delay"). If the provider submits invoices late on more than three (3) occasions consecutively, regardless of compliance with the Notice of Reimbursement Delay as described herein, the Commission reserves the right to forfeit payment.

**G. Supporting Documentation**

The Provider will submit supporting documentation for all expenditures related to performance under the Provider Agreement on a monthly basis. Errors in the Reimbursement Invoices, or any supporting documentation, will result in delay of payment. The Commission reserves the right to review any documents related to Reimbursement Invoices at any time during the program period.

**H. Final Financial Reports for Reimbursement and Close out**

The Provider agrees to submit its final Reimbursement Invoice within fifteen (15) calendar days of the ending date of this agreement or the date of agreement termination, whichever is earlier. If the Provider fails to submit the final Reimbursement Invoice within the specified time, all rights to any such



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payments are forfeited.

**I. Partnership Development and Site Agreement**

1. The Provider may enter into written agreements with other private and public organizations, as identified in the Funding Application, to cooperate and coordinate the provision of services under the terms of this Provider Agreement.
2. Such partnerships may include, but are not limited to, the following agreements:
  - a. contributions of cash support for the services provided under the terms of this contract;
  - b. contributions of in-kind support for the services provided under the terms of this contract;
  - c. coordination of service activities to prevent duplication of effort;
  - d. training, training space or trainers;
  - e. promotions or public relations; and

**J. Training and Technical Assistance**

Training or technical assistance provided by or to the Provider, including its staff, volunteers, and related parties, under this contract must be designed to facilitate the improvement of the services, strengthen the development of skills and knowledge for the staff and volunteers, and strengthen the communities in which services are provided. Training or technical assistance may be provided directly by the Provider, a community partner (such as a local volunteer center) or other local resources requested from or coordinated through the Commission.

**K. Quality Assurance and Evaluation**

1. The Provider will track and document progress made toward accomplishing the performance measures identified in the Provider's application for funding and specific deliverables of this Provider Agreement.
2. The Provider agrees to facilitate, conduct and participate in technical assistance, external reviews, and other continuous improvement activities related to these services.
3. To be assured of satisfactory performance of the terms and conditions of the Provider Agreement, the Provider agrees to permit persons duly authorized by the Commission to inspect any records, papers, documents, facilities, goods and services of the Provider that are relevant to this contract, or to interview any clients, employees, volunteers, or any other parties affiliated with the Provider upon reasonable notice. This includes the Commission's right to conduct on-site visits of the Providers offices and any location where the Provider is providing goods or services pursuant to the Provider



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Agreement. The Provider specifically agrees to assure that financial records will be subject, at all reasonable times, to inspection, review or audit by Commission personnel or individuals authorized by the Commission.

4. The Provider will facilitate contact with community agencies or individuals for the Commission or its consultants.

**L. Records and Documentation**

1. The Provider agrees to maintain records of deliverables, including reports and program and participant data; financial records, supporting documents, statistical records and any other documents (including electronic storage media) arising out of this Provider Agreement for a period of six (6) years after termination of this Provider Agreement. If an audit has been initiated and audit findings have not been resolved at the end of six (6) years, the records shall be retained until resolution of the audit findings or any litigation which may be based on the terms of this subcontract.

2. The Provider agrees to allow public access to all documents, papers, letters, or other materials subject to the provisions of Florida statutes, including, but not limited to, Chapter 119, Fla. Stat., made or received by the Provider in conjunction with the Provider Agreement. The Provider's refusal to comply with this provision will constitute a breach of contract.

**a. Safeguarding Information**

The Provider agrees not to use or disclose information concerning a recipient of services under this agreement for any purpose not in conformity with any Florida statutes, including, but not limited to Chapter 119, Fla. Stat., or federal regulations, including, but not limited to 45 CFR, Part 205.50, except upon written consent of the recipient or the recipient's responsible parent or guardian when authorized by law.

**b. Assignments and Subcontracts**

The Provider may not assign this Provider Agreement, or sub-contract any portion of the work contemplated under this Provider Agreement without prior written approval of the Commission. No such approval by the Commission will be deemed in any manner to provide for the incurrence of any obligation of the Commission in addition to the total dollar amount agreed upon in this contract. All such assignments or sub-contracts will be subject to the terms and conditions of this Provider Agreement, and any other obligations the Commission may require.

**c. Indemnification**

Provider agrees to indemnify and holds the Commission, its officers, directors, employees, affiliates, licensees, and agents harmless from any and all costs, (including reasonable attorneys' fees, disbursements,



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expenses, and court costs), expenses, damages, or other liability to third parties arising from or related to this Provider Agreement. The Provider shall give prompt notice as described herein to the Commission of any suits, claims, or demands by third parties which may give rise to any claim for which indemnification may be required under this Provider Agreement; provided however, that failure to give such notice shall not relieve the Provider of its obligation to provide indemnification hereunder except, if and to the extent that such failure materially and adversely affects the ability of the Provider to defend the applicable suit, claim, or demand. The Provider shall be entitled to assume the defense and control of any such claim at its own cost and expense; provided, however, that the Commission shall have the right to be represented by its own counsel at its own cost in such matters. Neither the Provider nor the Commission shall settle or dispose of any such matter in any manner which would adversely affect the rights or interests of the other party (including the obligation to indemnify hereunder) without the prior written consent of the other party, which shall not be unreasonably withheld or delayed. Each party shall cooperate with the other party and its counsel in the course of the defense of any such suit, claim or demand, such cooperation to include without limitation using reasonable efforts to provide or make available documents, information and witnesses. Nothing contained herein shall constitute a waiver by either party of its sovereign immunity or the provisions of Florida statute, §768.28.

**d. Incident Reporting**

In compliance with all applicable Florida Statutes, including, but not limited to Chapter 415, Fla. Stat., an employee or agent of the Provider who knows, or has reasonable cause to suspect that a child, elder, or adult with a disability is or has been abused, neglected or exploited, shall immediately report such knowledge or suspicion to the abuse registry operated by the Florida Department of Children and Families on the single statewide toll-free telephone number at 1-800-96-ABUSE (800-962-2873).

**M. Insurance**

The Provider agrees to provide adequate liability, fidelity, property and vehicle insurance coverage on a comprehensive basis and to hold such insurance at all times during the existence of this subcontract. The Provider accepts full responsibility for identifying and determining the type(s) and extent of insurance necessary to provide reasonable financial protections for the Provider and the clients to be served



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under this subcontract. Upon execution of this subcontract, the Provider will furnish the Commission written verification supporting both the determination and existence of all such insurance coverage, if not already provided.

**N. Sponsorship**

1. The Provider agrees to, in publicizing, advertising, or describing the sponsorship of a program funded wholly or in part by the Commission, state "Sponsored by --- and Volunteer Florida". If the sponsorship reference is in written material, the words "Volunteer Florida" shall appear in the same size letter or type as the name of the Provider.
2. The Provider agrees to incorporate the Volunteer Florida logo as appropriate on all letterhead, brochures, newsletters, business cards, stationery, posters, flyers, and other written and pictorial communication media for all programs funded wholly or in part by the Commission.
3. The Provider agrees to notify the External Affairs Director of Volunteer Florida as soon as possible when engaging in contact with the media; and to provide the Commission's tag line to all media contacts for all programs funded wholly or in part by the Commission.
  - a. Volunteer Florida is Florida's lead agency for volunteerism and national service, administering more than \$43 million in federal, state, and local funding to deliver high-impact national service and volunteer programs in Florida. Volunteer Florida promotes and encourages volunteerism to meet critical needs across the state. Volunteer Florida also serves as Florida's lead agency for volunteers and donations before, during, and after disasters. For more information, visit: [www.volunteerflorida.org](http://www.volunteerflorida.org).

**O. Conflict of Interest**

The Provider shall affirm that neither the Provider, nor any of its directors, officers, members or employees has any interest nor shall acquire any interest, either directly or indirectly, which would conflict in any manner or degree with performance of the service hereunder. The Provider further agrees that in the performance of the Provider Agreement, no person having such interest shall be employed by the Provider.

**P. Nepotism**

No person may hold a job or position with the Provider in which a member of his/her immediate family exercises supervisory authority within the program. A member of an immediate family includes: husband, wife, father, father-in-law, mother, mother-in-law, brother, brother-in-law, sister, sister-in-law, son, son-in-law, daughter, daughter-in-law and separated spouses.



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II. Commission Agreement

A. Reimbursements

Complete and accurate Reimbursement Invoices will be processed by the Commission within forty-five (45) days after receipt of the invoice. Failure to submit a timely or accurate invoice will result in monthly payments being withheld.

B. Technical Assistance

In those instances where the Commission is unable to provide direct technical assistance to the Provider, the Commission will assist the Provider in obtaining any necessary technical assistance and training as determined by the Commission to be necessary for proper performance by the Provider under this Provider Agreement.

C. Site Visits

Following any quality assurance or continuous improvement review, the Commission will deliver in a timely fashion to the Provider a written report with comments and recommendations regarding the manner in which services are being provided.

D. Contract Continuation

Not applicable.

## Attachment A

### Federal and State Statutes and Rules Reference Guide

Title 2 Subtitle A Chapter II PART 200—UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS Grantees must keep accurate records and submit to an audit under the specified requirements.

Drug-Free Workplace Act of 1988, Title 2 Subtitle B Chapter XXX PART 3001—REQUIREMENTS FOR DRUG-FREE WORKPLACE (FINANCIAL ASSISTANCE) Drug-free workplace means a site for the performance of work done in connection with a specific award at which employees of the recipient are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance.

Title 44 Chapter I PART 18—NEW RESTRICTIONS ON LOBBYING Disbursement of grants and aids appropriations for lobbying prohibited.

The Privacy Act of 1974, 5 U.S.C. 552a - Records maintained on individuals Records may not be disclosed without a request or consent of the person whose records are being disclosed unless there is an exemption. See Art. I of the State Constitution and Florida Statutes Section 119.07 below.

National and Community Service Act of 1990 to enhance national and community service and for other purposes.

National and Community Service Trust Act of 1993 amends the National and Community Service Act of 1990 to establish a Corporation for National Service, enhance opportunities for national service, and provide national service educational awards to persons participating in such service, and for other purposes.

Art. I of the State Constitution and Florida Statutes Section 119.07 contractor shall allow public access to all documents, papers, letters, or other material made or received by the contractor in conjunction with the contract, unless the records are specifically exempt. Contractor shall not destroy any documents, papers, letters, or other material made or received by the contractor in conjunction with the contract.

Florida Statutes Section 215.4725 Prohibited investments by the State Board of Administration; companies that boycott Israel.

Florida Statutes Section 215.473 prohibits engaging in commerce in any form in Sudan or Iran, including, but not limited to, acquiring, developing, maintaining, owning, selling, possessing, leasing, or operating equipment, facilities, personnel, products, services, personal property, real property, or any other apparatus of business or commerce.

Florida Statutes Section 216.347 Disbursement of grants and aids appropriations for lobbying prohibited.

## Exhibit II: Volunteer Generation Fund Application and Budget

**COVER SHEET:**

Organization Name:	The School Board of Broward County, Florida
FEIN:	596000530
Applicant Status:	New Applicant
Florida Region:	Region 7
Applicant Contact Name (include name and title):	Philip Harris Program Manager
Organization City:	Fort Lauderdale
Project Name:	Broward County Day of Service and Love
CNCS Request:	\$15,000.00
Match Amount:	\$15,000.00
Total Project Budget:	\$30,000.00

**PROJECT DEMOGRAPHICS:**

Project name:	Broward County Day of Service and Love
City (ies) served:	Coconut Creek, Florida Cooper City, Florida Coral Springs, Florida Dania Beach, Florida Davie, Florida Deerfield Beach, Florida Fort Lauderdale, Florida Hallandale Beach, Florida Hollywood, Florida Lauderdale Lakes, Florida Lauderhill, Florida Margate, Florida Miramar, Florida North Lauderdale, Florida Oakland Park, Florida Parkland, Florida Pembroke Pines, Florida Plantation, Florida Pompano Beach, Florida Southwest Ranches, Florida Sunrise, Florida Tamarac, Florida West Park, Florida Weston, Florida Wilton Manors, Florida
County (ies) served:	Broward
Focus area	Education
Special consideration	Disaster Services
Volunteer management practices (Must select 3)	Orienting and Training Volunteers Recognition and Volunteer Development

**SECTION I: ORIGINAL NARRATIVE**

**EXECUTIVE SUMMARY**

## Exhibit II: Volunteer Generation Fund Application and Budget

The School Board of Broward County, Florida (SBBC) proposes to have 400 volunteers, contributing 3,000 hours, who will complete service projects at over 100 school-sites throughout Broward County. As a result, volunteer recruitment, training, and recognition will be improved. At the end of the contract year, the volunteers will be responsible for increased civic engagement and mental health awareness practices to support improved community connectedness and mental health outcomes.

Approaching the two-year mark of the Marjory Stoneman Douglas (MSD) tragedy, SBBC is committed to provide continuing support to our students, staff, families, and communities. Following the lead of MSD High School, SBBC has adopted the idea of engaging in A Day of Service and Love. This project will improve community resiliency through various school- and community-based service projects. Skills-based volunteers will build awareness, engagement, and connections during times of disaster recovery; create significant reflection and service opportunities; raise visibility of mental health needs within our community; grow the network of community partners; link communities with information, resources, and opportunities for ongoing service; and encourage stronger civic engagement. SBBC and national partner The Center for Mind-Body Medicine will provide training in evidence-based practices of mind-body techniques to relieve stress, heal trauma, and enhance health and well-being. SBBC and community partner HandsOn Broward will encourage a stronger civil society and bring individuals closer through meaningful, responsive, skills-based volunteering. Volunteers will ultimately become community models of how to build awareness, encourage engagement, and enhance connections during a time of personal tragedy or loss.

### **SPECIAL CONSIDERATIONS**

SBBC is applying under the special consideration category of disaster services.

Volunteering helps our entire community heal by promoting connection, purpose, and positive environments. In the wake of the terror that occurred from Hurricane Irma in 2017, the MSD school shooting in 2018, as well as chronic trauma experienced by our low-income communities, SBBC proposes to expand countywide disaster recovery through a mental health lens. As learned from trauma-informed clinicians, after a tragedy the entire community has a mental health warning for years to come. This proposed work can help to prevent suicide, physical manifestations of trauma such as heart attacks, and foster thriving health in place of survival. The Broward Day of Service and Love will cultivate community resiliency through both acts of response to a disaster and mitigating future mental health disasters.

### **EXECUTIVE NARRATIVE**

SBBC, the second-largest school district in Florida, serves a diverse community of over 271,500 students in 234 schools, centers, and technical colleges, and 88 charter schools. This proposal will support SBBC to reach its mission to educate all students to reach their highest potential. The \$15,000 request for infrastructure investment will expand, formalize, and better connect people with specialized disaster response service opportunities within our education system.

The tragedy at MSD High School has left a notable mental health disaster in our community. Along with experiencing multiple student self-inflicted deaths, during the school year following the mass shooting, the District experienced an unprecedented increase in requests for mental health treatment, therapy, tutoring, credit recovery, activities to restore social and emotional well-being and collective wellness for student, staff, and families. SBBC is committed to ongoing mental health support to help our community heal and recover, for the benefit of academic advancement and lifelong wellbeing. The annual Day of Service and Love is a central component of our recovery strategy.

SBBC, in collaboration with HandsOn Broward, local municipalities and nonprofit agencies, is honoring those we lost at MSD with a day focused on social connection and preventative mental health through

## Exhibit II: Volunteer Generation Fund Application and Budget

service. Training from the National Center for School Crisis and Bereavement and The Center for Mind-Body Medicine (CMBM) will be multiplied through spreading positive messages of hope, unity, preparation, and resiliency throughout the day. Activities such as beautifying our schools through gardening and mural painting; growing gratitude to local heroes by creating hand-made thank you cards; and creating self-care spaces will be organized to occur February 14, 2020.

The school district relies on the support of more than 35,000 volunteers annually who provide valuable services to schools and District offices. Despite the District's significant volunteer base, a growing gap is emerging in the identification of high-skilled volunteers with mind-body wellness experience. In response, SBBC will focus volunteer recruitment to expand knowledge from recent CMBM trainings to mobilize healthy practices at district secondary schools.

Our goal is to expand the knowledge of self-care practices and provide spaces for community members to gather and serve as tools for community wellbeing. These spaces will be open for students, families, and corporate partners to interact. SBBC will recruit the following categories of skills-based volunteers to meet our goal.

- CMBM Ambassadors – student, school staff, and community members who have completed training in building mental health resiliency
- Project Leaders – trained volunteer managers who will manage logistics across school and nonprofit agency service sites
- Student Chaperones – educators who have been trained in classroom management and can move youth through activities safely and effectively
- Artistic Directors – volunteers with a passion for trauma-informed art therapy

To achieve the activities described in this proposal SBBC will contribute to volunteer management software and respective personnel. The software and expanded leadership scope will increase organizational productivity. Outputs will include an improved process to match volunteers to meaningful service opportunities and increasing volunteer retention through analyzation of comprehensive volunteer data.

### **PAST PERFORMANCE FOR CURRENT GRANTEES AND FORMER GRANTEES ONLY N/A**

#### **ORGANIZATIONAL CAPACITY**

SBBC will partner with HandsOn Broward (HOB), the county's local volunteer recruitment hub, to implement a countywide day of service. SBBC leadership includes an experienced program manager and access to the 110 public secondary schools to be used as volunteer sites. This Program Manager over Recovery will work with a Volunteer Project Coordinator from HOB to coordinate outreach with the community and organize the event.

Founded in 1974, HOB has connected volunteers to opportunities that positively impact critical community issues surrounding youth, the environment, the economy, education, hunger and emergency response over the past 42 years. Since its inception, HandsOn Broward has transformed from a volunteer referral agency to a direct-service hands-on volunteer mobilization organization that has partnered with 1,095 agencies, becoming Broward County's premier community impact hub by recruiting, training, and managing volunteers in support of local nonprofits.

As an affiliate of the HandsOn Network, a national network of 250 volunteer organizations that equip and mobilize people to take action, HOB is organized to engage people from all backgrounds and generations to be part of service projects where they are the leaders and problem-solvers in the community. In 2015, HOB placed 12,163 volunteers into service opportunities in local communities. Those volunteers performed 56,303 hours of service, with an estimated value of over \$1.3 million to Broward County.

## Exhibit II: Volunteer Generation Fund Application and Budget

SBBC is a countywide public agency with extensive experience managing grants from federal, state, and local government as well as private foundations. Administrative staff with expertise in accounting and program evaluation will be assigned to manage the reporting elements of the Volunteer Generation Fund after respective data collection to be managed by the Volunteer Project Coordinator within the HOB database.

SBBC also supports school staff who will serve as Project Leads at each school to match the volunteers' talents and interests identified on the application form with Day of Service needs. School Project Leads are a vital link to the success of the Broward Day of Service and Love. Each school models its volunteer program to meet the needs of the students and staff at the school. The responsibilities of the school include presenting training to staff members on effective utilization of volunteers; surveying needs of teachers for volunteer assistance; recruiting and registering volunteers, especially parents; and arranging for orientation and training. School Project Leads are the first line of defense to prevent and detect compliance issues and seek to manage discrepancies with volunteers serving at their schools.

To prevent and detect compliance issues related to reporting, the Volunteer Project Coordinator will routinely monitor the volunteer database and follow up with the respective School Project Leads. School Project Leads will contact volunteers to update their profile, confirm training attendance, and answer the concerns of the volunteers. To comply with federal and state rules and regulations, including those related to prohibited and unallowable activities, the SBBC Grants Budget Office will train program staff on acceptable activities, oversee the budget, and maintain a tracking system for grant reporting.

### PERFORMANCE MEASURES

**Below are the required Performance Measures and Targets the applicants opt into.**

1. Number of community volunteers recruited by organizations or participants. Target: 400
2. Number of hour's community volunteers will serve. Target: 3,000
3. Applicant will participate in a pre/post test assessment measuring organizational implementation of effective volunteer management practices.

**Describe how the performance measure targets will be met and tracked.**

SBBC opts into the required performance measures. SBBC in collaboration with HandsOn Broward will recruit 400 skills-based volunteers of varying ages to serve at least 3,000 hours throughout the 2019/20 school year. SBBC also plans to participate in a pre- and post-test assessment measuring organizational implementation of effective volunteer management practices. The organizations commit to provide Volunteer Florida reports outlining volunteer demographics as applicable, including: name, relevant demographic information including city of residence, method of recruitment, participation in orientation and/or training activities, planned and actual role, assignment(s) or activities, start and end dates of service, and hours served.

The Volunteer Project Coordinator along with the Program Manager, Recovery will be responsible that the performance measure targets are met and tracked. Volunteers will be recruited by personal outreach, company corporate social responsibility (CSR) programs, school communication platforms, and social media along with HOB newsletter solicitation.

Prior to engaging in a service project, each volunteer will complete a profile in the HandsOn Broward volunteer portal. This profile will list every activity the volunteer completes for the Broward Day of Service and Love along with hours served.

## Exhibit II: Volunteer Generation Fund Application and Budget

HandsOn Broward will utilize technology powered by HandsOn Connect to track and communicate the results of this work. This volunteer management platform allows us to manage, track and report on measurable outcomes and impact in real-time. HandsOn Broward will be able to track the number of volunteers trained, agencies served, residents engaged, and hours of service. Overall program impact will be determined by analyzing output data pulled from the management platform. HandsOn Broward also will use satisfaction surveys and pre/post questionnaires to collect data, determine success rates, and adjust methodology throughout the grant period in order to measure the implementation of effective volunteer management practices.

### **SECTION II: CLARIFICATION NARRATIVE**

#### **CLARIFICATION NARRATIVE:**

Are you changing your special consideration? No

SBBC certifies that neither VGF federal funds nor VGF match funds are supporting other national service programs or participants.

SBBC proposes to expand countywide disaster preparedness through a mental health lens. Specific types of disaster preparedness activities and/or programs the skills-based volunteers will engage in include the following:

Three cheers for local heroes - Since firefighters, police officers, crisis emergency response teams, and other local community heroes are usually the first to assist in any disaster or provide relief to individuals and families, students will show their gratitude by volunteering to create handmade thank-you cards for their support families impacted by catastrophic events such as MSD mass shooting, Hurricanes Irma and Dorian. This activity supports students becoming more resilient in times of disaster.

Create self-care spaces - Skills-based volunteers at schools will assist in disaster response and recovery in creating self-care spaces in which students can engage in mindfulness and meditation activities.

Beautify your school - In this program, skills-based volunteers will encourage students to study the origins and key players of an artistic movement, such as mural painting, and then have another group of skills-based volunteers lead students to create their own works of art inspired by the movement. Students will learn how to express uncomfortable emotions through art and connect with others in their expression.

Gardening projects - Students will take the lead on planning and researching types of gardens and then presenting the information to the younger students. Students will learn valuable concrete tools in relaxation and self-care.

#### **CLARIFICATION BUDGET:**

With extensive experience managing Federal, State and Local formula and competitive grant programs, SBBC has the respective expertise to comply with fiscal compliance oversight.

Recent grants managed by the Student Support Initiatives and Recovery Department of SBBC include: Broward County Board of County Commissioners, Human Services Department General Services RFP (local), Florida Department of Education, District Mental Health Assistance Allocation (state), United States Department of Education, School Emergency Response to Violence [SERV] (Federal).

## Exhibit II: Volunteer Generation Fund Application and Budget

Match -- \$15,000. As part of the grant match requirement, SBBC will support the salary and fringe of the Program Manager, Recovery who will support the volunteer program with at least 11.84 percent of his time through project oversight, community agency liaising, and volunteer match coordination. With an annual salary of \$94,000 and FICA, health, workers' compensation, and additional fringe benefits amounting to \$32,740, 11.84 percent of this employee's personnel expense is \$15,000 which will be offered as an in-kind match.

Match Calculation: (Salary + Fringe)\*11.835%

Salary = \$94,000

Fringe = FICA + Health Ins. + Workers' Comp. + (Retirement + Dental Ins. + Life Ins.)

FICA (7.65%) = \$94,000\*.0765=\$7,191

Health Insurance (16.60%) = \$94,000\*.1660=\$15,604

Workers' Compensation (1.82%) = \$94,000\*.0182 = \$1,711

Other [Retirement (8.26%) + Dental (.30%) + Life (.20%)] = \$94,000\*.0826 + \$94,000\*.003+\$94,000\*.002=\$7,764+\$282+\$188 = \$8,234

=7,191+15,604+1,711+8,234 =\$32,740

(\$94,000+\$32,740)\*.11835=\$11,125+\$3,875=\$15,000

**VOLUNTEER FLORIDA**

<b>LEGAL APPLICANT (LEAD AGENCY):</b>	The School Board of Broward County, Florida: Office of Student Support Initiatives & Recovery				
<b>PROGRAM:</b>	Broward County Day of Service and Love				
<b>PROGRAM YEAR:</b>	2019-2020				
			CNCS	Grantee	Total
<b>1. Personnel Expenses: Contractual Services</b> <i>(list each employee by last name, first name initial and position title)</i> <b>Max 2 individuals</b>	Annual Salary	% time			
TBD; Volunteer Project Coordinator	\$35,000.00	28.57%	\$10,000.00	\$0.00	\$10,000.00
Harris, P; Program Manager, Recovery (Match)	\$94,000.00	11.835%	\$0.00	\$11,125.00	\$11,125.00
<b>1. Subtotal Personnel Expenses</b>			<b>\$10,000.00</b>	<b>\$11,125.00</b>	<b>\$21,125.00</b>
<b>2. Personnel Fringe Benefits- Max 2 individuals</b>					
<b>Individual #1 (To be Hired)</b>					
FICA (Social Security and Medicare)			\$0.00	\$0.00	\$0.00
Health			\$0.00	\$0.00	\$0.00
Workers' Comp			\$0.00	\$0.00	\$0.00
Other (Dental, Life, Retirement)			\$0.00	\$0.00	\$0.00
<b>Individual #2 (P. Harris)</b>					
FICA (Social Security and Medicare)	\$7,191.00	11.835%	\$0.00	\$851.00	\$851.00
Health	\$15,604.00	11.835%	\$0.00	\$1,847.00	\$1,847.00
Workers' Comp	\$1,711.00	11.835%	\$0.00	\$202.00	\$202.00
Other (Dental, Life, Retirement)	\$8,234.00	11.835%	\$0.00	\$975.00	\$975.00
<b>2. Subtotal Personnel Fringe Benefits</b>			<b>\$0.00</b>	<b>\$3,875.00</b>	<b>\$3,875.00</b>
<b>3. Database Software</b>					
	<b>Cost</b>	<b>Usage</b>			
Volunteer Database	\$5,000.00	100.00%	\$5,000.00	\$0.00	\$5,000.00
<b>4. Database Software</b>			<b>\$5,000.00</b>	<b>\$0.00</b>	<b>\$5,000.00</b>
<b>TOTAL BUDGET AMOUNTS:</b>			<b>\$15,000.00</b>	<b>\$15,000.00</b>	<b>\$30,000.00</b>
CNCS / Grantee Share:			50.00%	50.00%	100.00%



### Exhibit III: CNCS National Service Criminal History Check (NSCHC)

#### Overview

Sub-grantees will comply with the Corporation for National and Community Service's (CNCS) National Service Criminal History Check (NSCHC) Requirements for staff as identified on the budget. The requirement applies to Volunteer Generation Fund (VGF) grantee staff who are considered "covered" under the NSCHC definitions. NSCHC includes a National Sex Offender Registry check, State of Florida check, and a FBI fingerprint based check, for all applicable staff. The VGF Program Manager will be responsible for NSCHC completion.

The CNCS background check requirements do not apply to individuals who do not appear in the VGF budget (federal share or match) or to contractors/consultants. Skills-based volunteers are not required to complete a CNCS background check, but should follow the organizations own policy for background checks and/or screening.

#### Due Date October 15, 2019

Volunteer Florida requires the grantee to complete Section 1 of the National Service Criminal History Checklist and submit via Blackbaud. There may be a manual hold placed on grant funds for grantees who are found to be noncompliant with the NSCHC requirement until the grantee is able to complete NSCHC compliance.

#### Resources

CNCS National Service Criminal History Check

Process: <http://www.nationalservice.gov/resources/criminal-history-check>

National Service Criminal History Check

Manual: [https://www.nationalservice.gov/sites/default/files/documents/NSCHC\\_manual\\_final\\_11-15-18\\_508.pdf](https://www.nationalservice.gov/sites/default/files/documents/NSCHC_manual_final_11-15-18_508.pdf)

National Service Criminal History Checklist

- 1) The sub-grantee will complete Section 1 of the National Service Criminal History Checklist for the 1-2 covered staff positions. The sub-grantee will submit via Blackbaud.
- 2) Please use the complete name as listed on the government-issued ID (License or Passport).

TrueScreen

- 1) Volunteer Florida will access <http://mytruescreen.com> to order a name check.
- 2) After a check is ordered, the applicant will receive an email prompting The sub-grantee to create an account.
- 3) The sub-grantee will create an account (create a log-in and password), complete identification forms and sign off on agreements and disclosures.
  - A) The applicant will be required to submit a digital signature using a mouse or finger on a touchscreen.
  - B) The applicant will need to upload one of the required types of identification (i.e. uploaded driver's license).
  - C) The applicant will need to select "staff" and Volunteer Generation Fund.
  - D) During this process, applicants can disclose whether or not they have been convicted of an offense under an alias.
- 4) After the applicant completes the application, Truescreen will automatically run the checks and adjudicate any convictions according to CNCS eligibility criteria.
- 5) Truescreen will notify The sub-grantee when the check has been completed.
- 6) Volunteer Florida will be covering the cost of the TrueScreen check.

Fieldprint

To schedule a fingerprint appointment, please follow these instructions:

- 1) Visit <http://fieldprintcnscs.com/>
- 2) Enter an e-mail address under "New Users/Sign Up" and click the "Sign Up" button. Follow the instructions for creating a Password and Security Question. Once complete, click "Sign Up and Continue".
- 3) Enter the following Fieldprint Code – FPCNCSVolunteerFL
- 4) Enter the contact and demographic information required by the FBI and schedule a fingerprint appointment at the location of your choosing.
- 5) At the end of the process, print the Confirmation Page. Please be sure to take the Confirmation Page with your fingerprint appointment, along with two forms of identification (the attached document outlines acceptable forms of identification for fingerprint appointments with Fieldprint).
- 6) Volunteer Florida will be covering the cost of the Fieldprint check.

## NATIONAL SERVICE CRIMINAL HISTORY CHECKLIST

**SUB-GRANTEE ORGANIZATION NAME:** \_\_\_\_\_

**SECTION I: To be completed by the sub-grantee:** This form is required for every individual the program adds to the Volunteer Florida VGF grant.

**APPLICANT INFORMATION** *(Please use the name as listed on the government-issued ID)*

Last Name	First Name	MI	Suffix
Start Date	Title	E-mail	
Level of Access <i>(choose one)</i>	<input type="checkbox"/> Staff Working in a Covered Position with <b>Recurring</b> Access to Vulnerable populations <input type="checkbox"/> Staff Working in a Covered Position with <b>Episodic</b> or <b>No</b> Access to Vulnerable populations		

**CERTIFICATION**

I authorize Volunteer Florida to complete a National Service Criminal History Check, which includes a search of the National Sex Offender Public Website, a state of service and state of residency check, and a fingerprint-based FBI check.

I acknowledge that: refusing to submit to a background check or providing false information related my criminal history will render me ineligible, my identity must be verified with a government issued photo ID, selection into the program is contingent upon the organization's review of my criminal history, I will have the opportunity to review and challenge the factual accuracy of a result before action is taken to exclude me from the position, any information relating to the criminal history check will remain confidential, and I will not assume the cost of performing a National Service Criminal History Check.

Printed Name:	Signature:	Date:
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**SECTION II: To be completed by Volunteer Florida:** Volunteer Florida will set up TrueScreen and Fieldprint background checks for the above individual.

**TRUESCREEN** *(NSOPW)*

Select One	<input type="checkbox"/> Individual is a returning staff member who has not had a break in service of 120 days and are not required to conduct new State and FBI checks, but must conduct an annual NSOPW. <input type="checkbox"/> Individual is new to the grant and a NSOPW Check was run
<input type="checkbox"/> Checks are adjudicated. Cleared date: _____	

**FIELDPRINT** *(State of Florida and FBI Fingerprinting Check)*

<input type="checkbox"/> Checks are adjudicated. Cleared date: _____
--

**CONSIDERATION OF RESULTS**

Statement of Eligibility <i>(choose one)</i>	<input type="checkbox"/> This individual has been deemed <b>eligible</b> for service/work <input type="checkbox"/> This individual has been deemed <b>ineligible</b> for service/work
<input type="checkbox"/> Grantee notification of earliest date Individual can begin work on the grant uploaded in Blackbaud Earliest Date: _____	

**CERTIFICATION**

I have reviewed and considered the results of the National Service Criminal History checks and certify that this individual is eligible for work or service.

Date of Consideration	Authorized Program Staff Signature	Authorized Program Staff Name Printed
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## NATIONAL SERVICE CRIMINAL HISTORY CHECKLIST

**SUB-GRANTEE ORGANIZATION NAME:** \_\_\_\_\_

**SECTION I: To be completed by the sub-grantee:** This form is required for every individual the program adds to the Volunteer Florida VGF grant.

**APPLICANT INFORMATION** *(Please use the name as listed on the government-issued ID)*

Last Name	First Name	MI	Suffix
Start Date	Title	E-mail	
Level of Access <i>(choose one)</i>	<input type="checkbox"/> Staff Working in a Covered Position with <b>Recurring</b> Access to Vulnerable populations <input type="checkbox"/> Staff Working in a Covered Position with <b>Episodic</b> or <b>No</b> Access to Vulnerable populations		

**CERTIFICATION**

I authorize Volunteer Florida to complete a National Service Criminal History Check, which includes a search of the National Sex Offender Public Website, a state of service and state of residency check, and a fingerprint-based FBI check.

I acknowledge that: refusing to submit to a background check or providing false information related my criminal history will render me ineligible, my identity must be verified with a government issued photo ID, selection into the program is contingent upon the organization's review of my criminal history, I will have the opportunity to review and challenge the factual accuracy of a result before action is taken to exclude me from the position, any information relating to the criminal history check will remain confidential, and I will not assume the cost of performing a National Service Criminal History Check.

Printed Name:	Signature:	Date:
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**SECTION II: To be completed by Volunteer Florida:** Volunteer Florida will set up TrueScreen and Fieldprint background checks for the above individual.

**TRUESCREEN** *(NSOPW)*

Select One	<input type="checkbox"/> Individual is a returning staff member who has not had a break in service of 120 days and are not required to conduct new State and FBI checks, but must conduct an annual NSOPW. <input type="checkbox"/> Individual is new to the grant and a NSOPW Check was run
<input type="checkbox"/> Checks are adjudicated. Cleared date: _____	

**FIELDPRINT** *(State of Florida and FBI Fingerprinting Check)*

<input type="checkbox"/> Checks are adjudicated. Cleared date: _____
--

**CONSIDERATION OF RESULTS**

Statement of Eligibility <i>(choose one)</i>	<input type="checkbox"/> This individual has been deemed <b>eligible</b> for service/work <input type="checkbox"/> This individual has been deemed <b>ineligible</b> for service/work
<input type="checkbox"/> Grantee notification of earliest date Individual can begin work on the grant uploaded in Blackbaud Earliest Date: _____	

**CERTIFICATION**

I have reviewed and considered the results of the National Service Criminal History checks and certify that this individual is eligible for work or service.

Date of Consideration	Authorized Program Staff Signature	Authorized Program Staff Name Printed
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VOLUNTEER FLORIDA

Exhibit IV  
Periodic Expense Report (PER)

LEGAL APPLICANT (LEAD AGENCY):					
PROGRAM:					
INVOICE DATES:			To		
PROGRAM YEAR: 2019-2020					
			CNCS	Grantee	Total
<b>1. Personnel Expenses (list each employee by last name, first name initial and position title)</b>					
<i>Max 2 individuals</i>					
	Annual Salary	% time			
1			\$0.00	\$0.00	\$0.00
2			\$0.00	\$0.00	\$0.00
<b>1. Subtotal Personnel Expenses</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>2. Personnel Fringe Benefits- Max 2 individuals</b>					
Individual #1 (NAME)					
FICA (Social Security and Medicare)					
			\$0.00	\$0.00	\$0.00
Health					
			\$0.00	\$0.00	\$0.00
Workers' Comp					
			\$0.00	\$0.00	\$0.00
Other (Dental, Life, Retirement)					
			\$0.00	\$0.00	\$0.00
Individual #2 (NAME)					
FICA (Social Security and Medicare)					
			\$0.00	\$0.00	\$0.00
Health					
			\$0.00	\$0.00	\$0.00
Workers' Comp					
			\$0.00	\$0.00	\$0.00
Other (Dental, Life, Retirement)					
			\$0.00	\$0.00	\$0.00
<b>2. Subtotal Personnel Fringe Benefits</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>3. Database Software</b>					
	Cost	Usage			
			\$0.00	\$0.00	\$0.00
<b>3. Database Software</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>TOTAL BUDGET AMOUNTS:</b>					
<b>CNCS / Grantee Share:</b>			<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>

VOLUNTEER FLORIDA  
Exhibit V  
Budget Revision Request Form

LEAD AGENCY:												
PROGRAM:												
PROGRAM YEAR: 2019-2020												
DATE REVISION SUBMITTED:												
Original Budget				Budget Changes				Revised Budget				Justification
(+) Increases/(-) Decreases												
CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total				
<b>1. Personnel Expenses (list each employee by last name, first name initial and position title) Max 2 individuals</b>												
1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
2	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>1. Subtotal Personnel Expenses</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>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>2. Personnel Fringe Benefits- Max 2 individuals</b>												
<b>Individual #1 (NAME)</b>												
FICA (Social Security and Medicare)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Workers' Comp	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other (Dental, Life, Retirement)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Individual #2 (NAME)</b>												
FICA (Social Security and Medicare)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Workers' Comp	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other (Dental, Life, Retirement)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>2. Subtotal Personnel Fringe Benefits</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>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>3. Database Software</b>												
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>3. Database Software</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>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>TOTAL COSTS</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>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</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>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
CNCS / Grantee Share #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!												
APPROVED BY:												
Date Revision Request sent to Volunteer Florida:												
(Following lines to be filled out by Volunteer Florida staff Only)												
Date Revision Request received by Volunteer Florida:												
VF APPROVAL BY:												
Date Revision Request Approved by Volunteer Florida:												



volunteerflorida

## Exhibit VI: Volunteer Generation Fund Reporting Guidelines 2019-2020 CONTRACT YEAR

The mid-cycle Program Reports shall be submitted by the Provider no later than April 15th, to cover the period of October 1, 2019 - March 31, 2020. The final report shall be submitted by the Provider no later than October 12th, to cover the period of April 1 - September 30, 2020.

### I. DEMOGRAPHICS

*\*Please do not duplicate volunteer numbers that are tracked in other streams of National Service funding, if applicable.*

# of skills based volunteers engaged

# of hours served by skills based volunteers

# of individuals who served as skills based volunteers who are NEW volunteers.

# of hours skills based volunteers served during the reporting period that were by NEW volunteers.

# of disadvantaged children and youth who served as skills based volunteers

# of individuals who served as skills based volunteers enrolled in a degree-seeking program

# of individuals born between 1946 and 1964 who served as skills based volunteers

### II. ACTIVITIES

- A. Describe how your organization is implementing effective volunteer management practices during this reporting period. *Examples may include: skills-based volunteers recognition award program, a business plan to include a skills-based volunteers, volunteer manual, written policies/job descriptions for volunteers, measurement of volunteer impact etc.*
- B. Please provide a brief description of how volunteers have been engaged in meaningful activities during this reporting period.
- C. Discuss one success and one challenge you have encountered during this reporting period. Submit a photo(s) of your skills-based volunteers in action.
- D. Share 2-3 unique outcomes based on your VGF program. Examples may include: # of students mentored or tutored, # of schools served, # of miles of trails or rivers treated, # of economic disadvantaged individuals receiving financial literacy services, etc.  
**Example: Agency XYZ engaged 167 skills based volunteers who provided tutoring for 320 students in 5 middle schools.**

### E. DISASTER SERVICES/OPIOID CRISIS (if applicable)

\*If the Provider opted in to one or both of these special initiatives, the Provider will be required to provide additional information.

i. **Disaster Services** - Improving community resiliency through disaster preparation, response, recovery, and mitigation.

- # of skills based volunteers used in disaster service programs
- Please provide a brief description of how volunteers have been engaged in meaningful disaster service activities during this reporting period.

**Example:** Agency XYZ engaged 167 skills based volunteers who provided debris removal for 100 homes benefiting 400 Floridians.

ii. **Opioid Crisis** - Reducing and/or preventing prescription drug and opioid abuse.

- # of skills based volunteers used in opioid crisis based programs
- Please provide a brief description of how volunteers have been engaged in meaningful opioid crisis activities during this reporting period.

**Example:** Agency XYZ engaged 167 skills based volunteers who provided resource navigation and mentoring for 100 young adults in XYZ location.

### III. VGF/SBV PICTURES

The Provider will provide photos of their skills-based volunteers in action.

Guidelines:

- Label photos with organization name
- Great photos are action-oriented and illustrate the impact of service
- All photos should be at least 500KB
- Any common photo format is acceptable (jpeg, tiff, png, gif)

*The Provider will track the following information per volunteer, according to Provider's volunteer tracking system including: the volunteer's name, relevant demographic information including location of residence (city), method of recruitment, participation in orientation and/or training activities, planned and actual role, assignment(s) or activities, start and end dates of service, and hours served related to the program that the capacity building activities were intended to support or enhance. The Provider should be prepared to provide Volunteer Florida upon request. Volunteer Florida understands that Provider's systems for tracking volunteer demographics may vary.*

# Exhibit VII

Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**The School Board of Broward County, Florida**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ **Education**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
Exempt payee code (if any) \_\_\_\_\_  
Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See instructions.  
**600 S. E. 3rd Avenue, Treasurer's Office, 2nd Floor**

6 City, state, and ZIP code  
**Fort Lauderdale, FL 33301**

7 List account number(s) here (optional)

Requester's name and address (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

OR

Employer identification number

5	9	-	6	0	0	0	5	3	0
---	---	---	---	---	---	---	---	---	---

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

9/9/2019

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

# Exhibit VIII

## Florida Commission on Community Service

### ***Vendor Electronic Funds Transfer:***

*The authorization form, which is provided, gives Florida Commission on Community Service and your financial institution authority to deposit funds to your account. Simply complete the form in order to take advantage of EFT.*

All you need do is:

- 1.) Mark the box before type of account to indicate whether your deposit will be deposited in your checking or savings account.
- 2.) Fill in your company name, financial institution name and location, and date.
- 3.) Please be sure to fill in your bank routing number and your account number.

**NOTE: Be sure to sign the form !**

**AUTHORIZATION:** Please fill out and return to the payer.  
The payer will retain this on file for their records.

I authorize \_\_\_\_\_ Florida Commission on Community Service and the financial institution  
Company Name  
listed below to initiate/receive electronic credit entries, and if necessary, debit entries for any credit entries made in error to the following account:

Checking Account       Savings Account

This authority will remain in effect until I have cancelled it in writing.

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

\_\_\_\_\_  
FINANCIAL INSTITUTION

\_\_\_\_\_  
PROGRAM NAME (PLEASE PRINT)

\_\_\_\_\_  
BRANCH

\_\_\_\_\_  
ACCOUNT NUMBER

\_\_\_\_\_  
CITY                      STATE

\_\_\_\_\_  
SIGNATURE

**TRANSIT ROUTING NUMBER**

**ACCOUNT NUMBER INFORMATION**

|: | | | | | | | | |:  
|: | | | | | | | | |:  
|: | | | | | | | | |:

\_\_\_\_\_

NOTE: Only 9 digits in Routing Numbers

When filled in, this document contains Confidential information that is not subject to Chapter 119, Florida Statutes.



volunteerflorida

**Exhibit IX: VOLUNTEER GENERATION FUND REQUIRED TRAININGS  
2019-2020 CONTRACT YEAR**

1. Certify the completion of CNCS Key Concepts of Financial and Grants Management training located on the CNCS Resource Center website. Please use the link <http://cncsonlinecourses.litmos.com/self-signup> and token code CNCS-Litmos to set up your Litmos account.
2. Certify the completion of the online CNCS National Criminal History Checks Online Training located on the CNCS Knowledge Network website. Please use the link <http://cncsonlinecourses.litmos.com/self-signup> and token code CNCS-Litmos to set up your Litmos account.

I, Philip C. Harris certify I have completed the online CNCS Key Concepts of Financial and Grants Management training and the National Criminal History Checks Online Training and the located on the CNCS Resource Center website.

Philip C. Harris

Signature

Program Manager, Recovery

Title/Position

10/24/19

Date



# AGENDA REQUEST FORM

## THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

ITEM No.:  
**EE-1.**

MEETING DATE	2019-09-04 10:05 - School Board Operational Meeting
AGENDA ITEM	ITEMS
CATEGORY	EE. OFFICE OF STRATEGY & OPERATIONS
DEPARTMENT	Grants Administration

<b>Special Order Request</b>	
<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>Time</b>	
<b>Open Agenda</b>	
<input checked="" type="radio"/> Yes	<input type="radio"/> No

**TITLE:**  
Grant Applications - Post-Submission

**REQUESTED ACTION:**  
Approve the submission of the following grant applications (A-L): A. Addo Institute..., \$500 (awarded) B. Donors Choose, \$0 (\$500 in-kind donation awarded) C. Fidelity Charitable, \$5,000 (awarded) D. Florida Department of Education: Adult General Education..., \$2,226,354 (requested) E. Florida Department of Education: Adults with Disabilities, \$800,000 (requested) F. Florida Department of Education: Integrated English Literacy..., \$661,696 (requested) G. Home Depot Foundation..., \$3,128 (requested) H. NAF..., \$5,000 (awarded) I. Publix Charities, \$250 (awarded) J. University of Central Florida..., \$75,000 (requested) K. Volunteer Florida..., \$15,000 (requested) L. Walmart Foundation..., \$1,500 (awarded)

**SUMMARY EXPLANATION AND BACKGROUND:**  
Copies of the grant applications and executive summaries are available at the School Board members' office on the 14th floor of the K.C. Wright Administration Center.

**SCHOOL BOARD GOALS:**  
 Goal 1: High Quality Instruction     Goal 2: Safe & Supportive Environment     Goal 3: Effective Communication

**FINANCIAL IMPACT:**  
The potential positive financial impact if all projects are awarded is \$3,793,428 from various sources.

**EXHIBITS: (List)**  
(1) Executive Summaries

**BOARD ACTION:**  
**APPROVED**  
(For Official School Board Records Office Only)

SOURCE OF ADDITIONAL INFORMATION:	
Name: Stephanie R. Williams	Phone: 754-321-2260
Name:	Phone:

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**  
**Senior Leader & Title**  
Maurice L. Woods - Chief Strategy & Operations Officer

Approved In Open Board Meeting On: **SEP 04 2019**

Signature  
*Maurice Woods*  
8/22/2019, 10:49:57 AM

By: *Heather P. Burkwood*  
School Board Chair