

**FUNDING AGREEMENT BETWEEN  
MANATEE COUNTY AND SCHOOL BOARD OF MANATEE COUNTY**

**THIS AGREEMENT** ("Agreement") is entered into by and between Manatee County, a political subdivision of the State of Florida, hereinafter referred to as the "County" and School Board of Manatee County, Florida hereinafter referred to as "SBMC", a not for profit corporation, existing under the laws of the State of Florida, hereinafter referred to as "Agency", as of October 1, 2011.

**WHEREAS**, Resolution No. R-08-197 established an application process and selection criteria relating to the award of funds in accordance with the "Dori Slosberg Driver Education Act", Manatee County Ordinance No. 06-66, for Driver's Education Programs in Public and Private Schools; and

**WHEREAS**, Agency has submitted application and met requirements of Resolution No. R-08-197 for recommendation of funding in the amount of \$ 140,475 for a Driver Education Program under the Driver Education Safety Trust Fund; and

**WHEREAS**, it is in the best interest of the health, safety and welfare of the residents of Manatee County, Florida, and serves a valid public purpose, for the County to enter into this Agreement with the Agency to provide funding for the "Program" of services, as further defined herein, to be provided by the Agency to residents of Manatee County.

**NOW, THEREFORE**, in consideration of the mutual covenants, promises, and representations contained herein, the parties hereto agree as follows:

1. Agency agrees to provide driver education services, hereinafter referred to as "Program", to Manatee County youth ages fifteen (15) through eighteen (18), hereinafter referred to as "Client".
2. The total County contribution for the Program shall not exceed \$140,475.
3. Unless renewed or terminated as provided in this Agreement, this Agreement shall remain in full force and effect for a period of one year, commencing on October 1, 2011 and ending on September 30, 2012. The Program, whether provided before or after the execution of this Agreement, shall be provided by the Agency in accordance with all requirements and terms of this Agreement.
4. This Agreement may be renewed by written amendment for one (1) additional term of one (1) year, for a maximum total two (2) years.
5. County agrees to pay Agency an amount not to exceed the total amount identified in Item #2 of this Agreement to assist with the activities as outlined in Exhibit A, Program activities, attached hereto.
6. Payments shall be made to Agency within a reasonable amount of time after presentation of the following:
  - a) Request For Payment (Exhibit 1) submitted to the County Representative, signed and dated by Agency;
  - b) Documentation verifying client attendance in driver education activities on days of operation as outlined in Attachment A.
7. Within thirty (30) days from the date of execution of this Agreement by both parties, Agency shall provide the County with a list of representatives authorized to act on behalf of the Agency. The list of authorized representatives shall be approved by the Agency's Board of Directors.
8. Agency shall provide, if requested in writing by County, all Agency records pertaining to Program, at no additional cost to County.

9. To the extent allowed by law and subject to the limits in section 768.28, F.S., agency shall indemnify, keep and save harmless the County, its agents, officials and employees, against all injuries, deaths, losses, damages, claims, patent claims, suits, liabilities, judgments, costs and expenses, which may accrue against the County arising out of the performance of or failure to perform the Program required by this Agreement or the terms of this Agreement, whether or not it shall be alleged or determined that the act was caused through negligence or omission of the Agency or its employees, or of the subcontractors or its employees, if any. Agency shall pay all charges of attorneys and all costs and other expenses incurred in connection therewith, and if any judgment shall be rendered against the County in any such action, the Agency shall, at its own expense, satisfy and discharge the same. Any performance bond or insurance protection required by this Agreement, or otherwise provided by Agency, shall in no way limit the responsibility to indemnify, keep and save harmless and defend the County as herein provided. The indemnity hereunder shall continue until such time as any and all claims arising out of Agency's performance or failure to perform under this Agreement have been finally settled, regardless of when such claims are made.
10. In the event that any action, suit or proceeding is brought against the County upon any liability arising out of this Agreement, County shall give notice thereof in writing to Agency at the above listed address. Upon receipt of notice, Agency, at its own expense, may defend against such action and take all such steps as may be necessary or proper to prevent a judgment against the County. Nothing in this Agreement shall be deemed to affect County's right to provide its own defense and to recover from Agency attorneys fees and expenses associated with such representation or the rights, privileges and immunities of the County as set forth in Florida Statute 768.28.
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13. This Agreement may be terminated by either party for any reason or for no reason by giving to the other party no less than thirty (30) days written notice of intent to terminate. County may terminate this Agreement immediately by delivery of written notice to Agency upon determining that Agency has failed to comply with the terms of this Agreement. If Agency fails to comply with the terms of this Agreement, the County Administrator may, upon written notification to Agency withhold payment until Agency complies with the conditions or terms. The notice shall specify the manner in which the Agency has failed to comply with this Agreement.

All notice or written communications required or permitted hereunder shall be deemed to have been given when deposited in the U.S. mail, postage paid and addressed as follows:

If mailed to Agency: School District of Manatee County  
Attn: Superintendent Tim McGonegal  
Re: Slosberg Grant  
P. O. Box 9069  
Bradenton, FL 34206-9069

If mailed to County: Manatee County Community Services Department  
Attn: Director  
P. O. Box 1000  
Bradenton, FL 34206

Notice of termination or withholding of payment shall be served by certified or registered mail, return receipt requested or by hand delivery. Either party may designate a different recipient or address by written notice to the other party.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly authorized representative.

WITNESSES:

Sign Name: Julia Pritchett

Print Name: Julia Pritchett

Sign Name: Lyn Lego

Print Name: Lyn Lego

AGENCY:

By: [Signature]  
Superintendent

By: [Signature]  
Chair

*JMB*  
*12-27-11*

Phone Number: 941-708-8770

Date of Execution: 11-14-11

Sign Name: [Signature]  
Asst. Superintendent Synette Edwards

COUNTY

ATTEST: R. B. SHORE  
CLERK OF THE CIRCUIT COURT

By: [Signature]  
Deputy Clerk

COUNTY OF MANATEE, FLORIDA  
by and through its Board of County Commissioners

By: [Signature]  
Chairman

Date of Execution: 11/21/11



**EXHIBIT A  
SCHOOL BOARD OF MANATEE COUNTY  
DRIVER EDUCATION PROGRAM**

**PROGRAM ACTIVITIES**

**A. ELIGIBLE DRIVER'S EDUCATION (DE) ACTIVITIES**

1. Students will learn proper driving skills, defensive driving techniques and develop a positive driver attitude and knowledge of the dangers of at risk behavior involving drugs, alcohol and driving.
2. 30% of a student's time in the program will be behind the wheel.
3. Students will earn .05 credits toward graduation.
4. Students will earn a certificate for insurance reduction.
5. Program will provide driving simulators to develop experience in evasive maneuvering, emergency braking on wet pavement, night driving, various roadways and high traffic areas.
6. An approved DMV road test will be given to earn their driver license.

**B. UNIT OF SERVICE: A unit of service is defined as one day of program operation.**

**ATTACHMENT A**

**PAYMENTS**

**SCHOOL BOARD OF MANATEE COUNTY  
DRIVER EDUCATION PROGRAM**

Agency shall be paid by the County an amount not to exceed \$ 140,475 for the program as specified below:

- 1) Agency shall provide 235 units of service, during the term of the Agreement. Agency shall be paid by the County in the amount of 597.77 for each unit of service provided in accordance with Exhibit A and documented in accordance with Attachment A, Section 3.
- 2) Agency shall be paid monthly for the actual number of units of service it has provided, however, the total of all such payments shall not, at any point in time, exceed the cumulative amounts listed below:

October	\$11,706	April	\$ 81,942
November	\$23,412	May	\$ 93,648
December	\$35,118	June	\$105,354
January	\$46,824	July	\$117,060
February	\$58,530	August	\$128,776
March	\$70,236	September	\$140,475

- 3) Agency shall submit all Requests for Payment, as described in Exhibit 1 to this Attachment, to the County by the 15th of each month.
- 4) Within fifteen (15) calendar days after expiration of the Agreement, the Agency shall render a final and complete Request for Payment. County shall not be responsible for the payment of any charges, claims or demands of the Agency not received within said fifteen (15) day period.

**EXHIBIT 1  
MANATEE COUNTY BOARD OF COUNTY COMMISSIONERS  
REQUEST FOR PAYMENT**

**NON-PROFIT AGENCIES**

AGENCY: SCHOOL BOARD OF MANATEE COUNTY

PROJECT NUMBER: \_\_\_\_\_

SERVICE: DRIVER EDUCATION PROGRAM

REQUEST PERIOD: \_\_\_\_\_

**SECTION 1: REQUEST FOR PAYMENT**

(1)	(2)	(3)	(4)
REQUEST THIS PERIOD	TOTAL FUNDING	REQUESTED YEAR-TO-DATE	BALANCE OF FUNDS
	\$140,475	\$	\$

**SECTION 2: CLIENT SERVICES**

	(1)	(2)	(3)	(4)	(5)	(6)
	UNIT COST	UNIT CONTRACT TOTAL	Y-T-D TOTAL PRIOR	TOTAL THIS PERIOD	TOTAL Y-T-D	% OF PLAN ACHIEVED
Day of Operation						%
597.77	235					%

**SECTION 2: SUPPORTING DOCUMENTATION**

Attach: Documentation of number of days of program operation with number of students served for the reporting period.

PREPARED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

I attest that the information in this Request for Payment is true and accurate to the best of my knowledge.

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(SUBMIT 1 ORIGINAL-SIGNATURE AND 2 PHOTOCOPIES OF REPORT WITH 1 COPY SUPPORTING DOCUMENTATION ATTACHED TO EACH)

DO NOT WRITE BELOW THIS LINE

HSD CONTRACT MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/14/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Marsh 3031 N. Rocky Point Drive, Suite 700 Tampa, FL 33607 Attn: Mary.A.Ashley@marsh.com; Ph: (813) 207-5121  101270-CAS-11-12	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Genesis Insurance Company</td> <td>38962</td> </tr> <tr> <td>INSURER B : Safety National Casualty Corp.</td> <td>15105</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Genesis Insurance Company	38962	INSURER B : Safety National Casualty Corp.	15105	INSURER C :		INSURER D :		INSURER E :		INSURER F :
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<b>INSURED</b> School District of Manatee County P. O. Box 9069 Bradenton, FL 34206															

**COVERAGES**                      **CERTIFICATE NUMBER:** ATL-002716221-06                      **REVISION NUMBER:** 8

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			YXB301101D	07/01/2011	07/01/2012	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ EXCLUDED MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ INCLUDED GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			YXB301101D	07/01/2011	07/01/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	SP4044552	07/01/2011	07/01/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of Insurance

**CERTIFICATE HOLDER**School District of Manatee County  
215 Manatee Ave. W  
Bradenton, FL 34205**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
of Marsh USA Inc.

Rosalinda Harr

*Rosalinda Harr*

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RESOLUTION B-12-013  
AMENDING THE ANNUAL BUDGET  
FOR MANATEE COUNTY, FLORIDA  
FOR FISCAL YEAR 2011-2012

**WHEREAS,** Florida Statutes 129.06, authorizes the Board of County Commissioners to amend its budget for the current fiscal year as follows:

- a) Appropriations for expenditures in any fund may be decreased and other appropriations in the same fund correspondingly increased, provided the total appropriations of the fund are not changed.
- b) Appropriations from reserves may be made to increase the appropriation for any particular expense in the same fund, or to create an appropriation in the fund for any lawful purpose.
- c) Unanticipated revenues, including increased receipts for enterprise or proprietary funds, may be appropriated for their intended purpose, and may be transferred between funds to properly account for the unanticipated revenue.

**NOW, THEREFORE,** BE IT RESOLVED by the Board of County Commissioners of Manatee County, Florida that the 2011-2012 budget is hereby amended in accordance with FS 129.06 as described on the attached summary and specified in the budget adjustment batch files which are listed below:

Department: COMMUNITY SERVICES  
Fund: GENERAL FUND

Description: Transfers \$140,475 of prior years' program fees held in reserves in the General Fund for the Dori Slosberg Drivers Education Enhancement Program. The funding covers the period of October 1, 2011 through September 30, 2012.

Batch ID: BADUA28A

Reference: BU12000072

ADOPTED IN OPEN SESSION WITH A QUORUM PRESENT AND VOTING THIS 21<sup>st</sup> DAY OF November, 2011.

BOARD OF COUNTY COMMISSIONERS  
MANATEE COUNTY, FLORIDA

By: \_\_\_\_\_  
Chairman

ATTEST: R.B. SHORE, Clerk  
of the Circuit Court

By: \_\_\_\_\_  
Deputy Clerk





# MANATEE COUNTY GOVERNMENT

## AGENDA MEMORANDUM

<b>SUBJECT</b>	Driver Education Safety Trust Fund	<b>TYPE AGENDA ITEM</b>	Consent
<b>DATE REQUESTED</b>	November 21, 1011	<b>DATE SUBMITTED/REVISED</b>	November 10, 2011
<b>BRIEFINGS? Who?</b>	None required	<b>CONSEQUENCES IF DEFERRED</b>	Delay in receiving reimbursement for services
<b>DEPARTMENT/DIVISION</b>	Community Services/Human Services	<b>AUTHORIZED BY TITLE</b>	Brenda Rogers 11/10/11 Director <i>Brenda Rogers</i>
<b>CONTACT PERSON TELEPHONE/EXTENSION</b>	Mike Neuges/Janice Dunbar-Smith, Ext. 3030	<b>PRESENTER/TITLE TELEPHONE/EXTENSION</b>	Brenda Rogers Director
<b>ADMINISTRATIVE APPROVAL</b>		<i>[Signature]</i>	

### ACTION DESIRED

INDICATE WHETHER 1) REPORT; 2) DISCUSSION; 3) FORM OF MOTION; OR 4) OTHER ACTION REQUIRED

Authorization for the Chairman to execute an agreement with the School Board of Manatee County for FY2011-2012 Driver Education Safety Program in the amount of \$140,475.

Adopt Budget Amendment B-12-013 in the amount of \$140,475 for the Dori Slosberg Driver's Education Enhancement Program for FY2011-2012.

### ENABLING/REGULATING AUTHORITY

Federal/State law(s), administrative ruling(s), Manatee County Comp Plan/Land Development Code, ordinances, resolutions, policy

318.1215, Florida Statutes, Ordinance 06-66, Resolution R-08-197, 11.1.4. Efficiency in service delivery

### BACKGROUND/DISCUSSION

**APPROVED IN OPEN SESSION**

Continued on page 2

NOV 21 2011

~~BOARD OF COUNTY COMMISSIONERS~~  
MANATEE COUNTY, FLORIDA

### COUNTY ATTORNEY REVIEW

<b>Check appropriate box</b>	
<input checked="" type="checkbox"/>	<b>REVIEWED</b> Written Comments: <input type="checkbox"/> Attached <input checked="" type="checkbox"/> Available from Attorney (Attorney's initials: WEC)
<input type="checkbox"/>	<b>NOT REVIEWED (No apparent legal issues.)</b>
<input type="checkbox"/>	<b>NOT REVIEWED (Utilizes exact form or procedure previously approved by CAO.)</b>
<input type="checkbox"/>	<b>OTHER</b>

<b>ATTACHMENTS:</b> (List in order as attached)		<b>INSTRUCTIONS TO BOARD RECORDS:</b>	
2 copies of the Funding Agreement One copy of FY12 Budget Resolution B-12-013		One original signed copy of Funding Agreement for Community Services and one original signed copy for Board Records Email one copy of all documents to: Candice.Cruz@mymanatee.org	
<b>COST:</b>	\$140,475	<b>SOURCE (ACCT # &amp; NAME):</b>	0010950045.582000 Driver Education Safety Trust Fund
<b>COMMENTS:</b>	N/A	<b>AMT./FREQ. OF RECURRING COSTS: (ATTACH FISCAL IMPACT STATEMENT)</b>	N/A

**BACKGROUND /DISCUSSION (CONTINUED FROM PAGE 1)**

- The Dori Slosberg Driver Foundation consists of non-governmental, not for profit service organization dedicated to providing resources to reduce traffic related fatalities and injuries.
- October 24, 2006, the Board adopted Ordinance No. 06-66, providing additional penalty for civil traffic violations to fund driver's education programs.
- September 11, 2011, pursuant to resolution R-08-197, availability of FY 11/12 funding was publicly noticed to public and non public schools in Manatee County which have "secondary" level students (high school) and are eligible to receive these funds.
- At this time, staff is bringing forward a funding agreement for the School Board of Manatee County driver education program. This funding agreement provides for a driver education program in the amount \$140,475.
- The program will provide: 1) Instruction time for students during the regular 2011/2012 school year, and 2) summer program services.
- An agreement is needed at this time to reimburse the School Board of Manatee County for services rendered during the period of October 1, 2011 through September 30, 2012.
- The Agreement has been prepared to provide the appropriate funding mechanism and service level accountability.
- Authorize the Chairman to adopt Budget Amendment B-12-013.

SAMPLE

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Re: Slosberg Grant  
P. O. Box 9069  
Bradenton, FL 34206-9069

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Attn: Director  
P. O. Box 1000  
Bradenton, FL 34206

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IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly authorized representative.

WITNESSES:

AGENCY:

Sign Name: \_\_\_\_\_

By: \_\_\_\_\_

**Superintendent**

Print Name: \_\_\_\_\_

By: \_\_\_\_\_

**Chair**

Sign Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone Number: 941-708-8770

Date of Execution: \_\_\_\_\_

Sign Name: \_\_\_\_\_

**Asst. Superintendent**

COUNTY

ATTEST: R. B. SHORE  
CLERK OF THE CIRCUIT COURT

COUNTY OF MANATEE, FLORIDA  
by and through its Board of County Commissioners

By: \_\_\_\_\_

**Deputy Clerk**

By: \_\_\_\_\_

**Chairman**

Date of Execution: \_\_\_\_\_

**EXHIBIT A  
SCHOOL BOARD OF MANATEE COUNTY  
DRIVER EDUCATION PROGRAM**

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4. Students will earn a certificate for insurance reduction.
5. Program will provide driving simulators to develop experience in evasive maneuvering, emergency braking on wet pavement, night driving, various roadways and high traffic areas.
6. An approved DMV road test will be given to earn their driver license.

B. UNIT OF SERVICE: A unit of service is defined as one day of program operation.

**ATTACHMENT A**

**PAYMENTS**

**SCHOOL BOARD OF MANATEE COUNTY  
DRIVER EDUCATION PROGRAM**

Agency shall be paid by the County an amount not to exceed \$ 140,475 for the program as specified below:

1) Agency shall provide 235 units of service, during the term of the Agreement. Agency shall be paid by the County in the amount of 597.77 for each unit of service provided in accordance with Exhibit A and documented in accordance with Attachment A, Section 3.

2) Agency shall be paid monthly for the actual number of units of service it has provided, however, the total of all such payments shall not, at any point in time, exceed the cumulative amounts listed below:

October	\$11,706	April	\$ 81,942
November	\$23,412	May	\$ 93,648
December	\$35,118	June	\$105,354
January	\$46,824	July	\$117,060
February	\$58,530	August	\$128,776
March	\$70,236	September	\$140,475

3) Agency shall submit all Requests for Payment, as described in Exhibit 1 to this Attachment, to the County by the 15th of each month.

4) Within fifteen (15) calendar days after expiration of the Agreement, the Agency shall render a final and complete Request for Payment. County shall not be responsible for the payment of any charges, claims or demands of the Agency not received within said fifteen (15) day period.

**EXHIBIT 1  
MANATEE COUNTY BOARD OF COUNTY COMMISSIONERS  
REQUEST FOR PAYMENT**

**NON-PROFIT AGENCIES**

AGENCY: SCHOOL BOARD OF MANATEE COUNTY

PROJECT NUMBER: \_\_\_\_\_

SERVICE: DRIVER EDUCATION PROGRAM

REQUEST PERIOD: \_\_\_\_\_

**SECTION 1: REQUEST FOR PAYMENT**

(1)	(2)	(3)	(4)
REQUEST THIS PERIOD	TOTAL FUNDING	REQUESTED YEAR-TO-DATE	BALANCE OF FUNDS
	\$140,475	\$	\$

**SECTION 2: CLIENT SERVICES**

(1)	(2)	(3)	(4)	(5)	(6)	
UNIT COST	UNIT CONTRACT TOTAL	Y-T-D TOTAL PRIOR	TOTAL THIS PERIOD	TOTAL Y-T-D	% OF PLAN ACHIEVED	% OF TIME ELAPSED
Day of Operation 597.77	235				%	%

**SECTION 2: SUPPORTING DOCUMENTATION**

Attach: Documentation of number of days of program operation with number of students served for the reporting period.

PREPARED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

I attest that the information in this Request for Payment is true and accurate to the best of my knowledge.

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(SUBMIT 1 ORIGINAL-SIGNATURE AND 2 PHOTOCOPIES OF REPORT WITH 1 COPY SUPPORTING DOCUMENTATION ATTACHED TO EACH)

DO NOT WRITE BELOW THIS LINE

HSD CONTRACT MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/14/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Marsh 3031 N. Rocky Point Drive, Suite 700 Tampa, FL 33607 Attn: Mary.A.Ashley@marsh.com; Ph: (813) 207-5121  101270-CAS-11-12	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> School District of Manatee County P.O. Box 9069 Bradenton, FL 34206	<b>INSURER A:</b> Genesis Insurance Company	NAIC # 38962
	<b>INSURER B:</b> Safety National Casualty Corp.	15105
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** ATL-002716221-06                      **REVISION NUMBER:** 8

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> <b>POLICY</b> <input type="checkbox"/> <b>PRO-JECT</b> <input type="checkbox"/> <b>LOC</b>			YXB301101D	07/01/2011	07/01/2012	EACH OCCURRENCE	\$ 5,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ EXCLUDED
							MED EXP (Any one person)	\$ EXCLUDED
							PERSONAL & ADV INJURY	\$ INCLUDED
							GENERAL AGGREGATE	\$ 10,000,000
							PRODUCTS - COMP/OP AGG	\$ INCLUDED
								\$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> <b>ANY AUTO</b> <input type="checkbox"/> <b>ALL OWNED AUTOS</b> <input type="checkbox"/> <b>SCHEDULED AUTOS</b> <input type="checkbox"/> <b>HIRED AUTOS</b> <input type="checkbox"/> <b>NON-OWNED AUTOS</b>			YXB301101D	07/01/2011	07/01/2012	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>OCCUR</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input type="checkbox"/> <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b>						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below			SP4044552	07/01/2011	07/01/2012	<input checked="" type="checkbox"/> <b>WC STATUTORY LIMITS</b> <input type="checkbox"/> <b>OTHER</b> E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of Insurance

<b>CERTIFICATE HOLDER</b> School District of Manatee County 215 Manatee Ave. W Bradenton, FL 34205	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> of Marsh USA Inc. Rosalinda Harr
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*Rosalinda Harr*

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