



**Interoffice Memorandum**

**REAL ESTATE MANAGEMENT ITEM 4**

**DATE:** December 28, 2022

**TO:** Mayor Jerry L. Demings  
-AND-  
County Commissioners

**THROUGH:** Mindy T. Cummings, Manager  
Real Estate Management Division *MTC*

**FROM:** Ana Alves, Sr. Acquisition Agent  
Real Estate Management Division *AA/MTC*

**CONTACT PERSON:** **Mindy T. Cummings, Manager**

**DIVISION:** **Real Estate Management Division**  
**Phone: (407) 836-7090**

**ACTION REQUESTED:** Approval and execution of License Agreement between Orange County, Florida and From the Heart Charitable Foundation, Inc., related to not-for-profit community center utilization for the provision of services benefitting the public and authorization for the Manager of the Community Action Division to exercise renewal options, and furnish notice, required or allowed by the License Agreement, as needed.

**PROJECT:** From the Heart Charitable Foundation, Inc. –  
Hal P. Marston Community Center (CAD)  
3933 W D Judge Dr., Orlando, Florida 32808  
Lease File #10181

District 6

**PURPOSE:** To provide space inside the Hal P. Marston Community Center for Community and Family Services.

**ITEM:**                   **License Agreement**  
Revenue:   None/Services Provided  
Size:        Space within the Hal P. Marston Community Center  
Term:       Until December 31, 2023  
Options:    Three, one-year renewals

**APPROVALS:**       Real Estate Management Division  
                          County Attorney's Office  
                          Risk Management Division  
                          Community Action Division

**REMARKS:**       This new License Agreement with From the Heart Charitable Foundation, Inc., will provide facility use in the Hal P. Marston Community Center located at 3933 W D Judge Dr., Orlando, Florida 32808, for computer literacy courses to the residents of Orange County.

The Board desires that the community centers owned and managed by the County be used in a manner that publicly benefits the County's residents. The Board has designated the Manager of the Community Action Division to be responsible for arranging, managing, and supervising the public use of the County's community centers by the County's residents.

Project Name: From the Heart Charitable Foundation, Inc. - Hal P. Marston Community Center  
(CAD)  
Lease File: #10181

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## LICENSE AGREEMENT

*between*

**ORANGE COUNTY, FLORIDA**

*and*

**FROM THE HEART CHARITABLE FOUNDATION, INC.**

*related to*

### **NOT-FOR-PROFIT COMMUNITY CENTER UTILIZATION FOR THE PROVISION OF SERVICES BENEFITTING THE PUBLIC**

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**THIS LICENSE AGREEMENT** (this “**License Agreement**”) is made and entered into by and between **ORANGE COUNTY, FLORIDA**, a charter county and political subdivision of the State of Florida (the “**County**”), and **FROM THE HEART CHARITABLE FOUNDATION, INC.**, a nonprofit organization (the “**Agency**”). The County and the Agency may be referred to individually as “party” or collectively as “parties.”

## RECITALS

**WHEREAS**, the Board of County Commissioners (the “**Board**”) desires that the community centers owned and managed by the County be used in a manner that publicly benefits the County’s residents; and

**WHEREAS**, the Board has designated the Manager of the Community Action Division (“**CAD Manager**”) of the Family Services Department to be responsible for arranging, managing, and supervising the public use of the County’s community centers by the County’s residents; and

**WHEREAS**, the Board finds that County’s residents benefit from the use of the County’s community centers by certain community not-for-profit agencies using the community centers to provide services that publicly benefit the County’s residents and therefore desires to enter into license agreements with those community not-for-profit agencies; and

**WHEREAS**, the Agency is a community not-for-profit agency that wishes to use one of the County’s community centers and the CAD Manager, using the discretionary authority granted to him/her by the Board, has determined that the Agency’s services provide a substantiated, public benefit to the County’s residents.

**NOW, THEREFORE**, in consideration of the mutual promises, covenants, and conditions hereinafter set forth, the parties agree as follows:

**Section 1. Recitals.** The above recitals are true and correct and form a material part of this License Agreement.

Project Name: From the Heart Charitable Foundation, Inc. - Hal P. Marston Community Center (CAD)

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**Section 2. Documents.**

A. The documents that are incorporated by either reference or attachment and thereby form this License Agreement are:

1. This License Agreement;
2. **Exhibit A:** Community Center Information;
3. **Exhibit B:** Scope of Work;
4. **Exhibit C:** Agency Evaluation Form; and
5. **Exhibit D:** Leased Employee Affidavit (when applicable).

**Section 3. Grant of License.**

A. The County hereby grants the Agency a license to use the community center that is more specifically described in the *Community Center Information* attached to this License Agreement as “**Exhibit A**” and referenced throughout this License Agreement as the “**Licensed Premises.**”

B. The parties understand and agree that this License Agreement only grants a license to enter upon and use the Licensed Premises as contemplated in this License Agreement and confers no other rights of occupancy or use of the Licensed Premises to the Agency.

**Section 4. Agency’s Obligations.** The County’s granting of this License and the Agency’s entry upon and use of the Licensed Premises are conditional upon the Agency’s compliance with the following obligations:

A. The Agency shall use the Licensed Premises exclusively for the purpose(s), and at the times and dates listed, in the *Scope of Work* attached to this License Agreement as “**Exhibit B**”.

B. The Agency will notify the County, in writing, if the Agency desires to perform in any manner outside the *Scope of Work* that is attached to this License Agreement. The CAD Manager shall be authorized to issue written approval of such requested changes to the *Scope of Work* without the need to formally amend this License Agreement so long as:

1. The Agency’s requested changes are determined by the CAD Manager to be in line with the purpose and intent of this License Agreement; and
2. The County’s Risk Management Division reviews and approves the revised *Scope of Work* without requiring a change in the insurance, liability, or indemnification provisions of this License Agreement.

C. Both parties hereby agree that the CAD Manager’s written approval of the Agency’s requested changes to the *Scope of Work* shall be binding upon both parties.

D. The Agency shall observe and comply with all applicable federal, state, and local rules, orders, laws and regulations pertaining to the use of the Licensed Premises. Nothing in this License Agreement shall be construed to relieve Agency of its obligation to comply with all applicable

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provisions of the Orange County Code, or its obligation to obtain federal, state, county, or other permits, as applicable.

E. **Vulnerable Persons.** If the services to be provided pursuant to the *Scope of Work* attached to this License Agreement as “**Exhibit B**” involve “vulnerable persons” as defined in Section 435.02(6), Florida Statutes, then the Agency’s employees, including its volunteers or any associates or agents of the Agency, that are contributing to the delivery of those services, or who will come into contact with such vulnerable persons in any way, will undergo a background screening that complies with Section 435.04 (Level 2 screening standards), Florida Statutes. Additionally, the Agency agrees that it shall pass down this obligation to its subcontractors (if any).

1. This screening shall:
  - a. Be completed at no cost to the County;
  - b. Be completed prior to the employee/volunteer beginning work pursuant to this License Agreement;
  - c. Be repeated at five (5) year intervals for the duration of this License Agreement and any amendment hereto;
  - d. Consist of an employment history check; and
  - e. Include fingerprinting that will be checked against the following databases: (1) Statewide Criminal and Juvenile Justice Records through the Florida Department of Law Enforcement (FDLE); (2) Federal Criminal Records through the Federal Bureau of Investigation (FBI); and (3) Local Criminal Records through local law enforcement agency(ies).
2. If applicable, the Agency shall provide the Director of the County’s Family Services Department, or their designee, confirmation that the aforementioned screenings have been conducted and that the employee(s) providing services to the County are acceptable to use in the Agency’s provision of services to, or engagement with, such vulnerable persons.
3. Upon the County’s request, the Agency will provide the results of the actual screenings so that the County can determine whether a particular employee or volunteer may be utilized by the Agency in providing its services under this License Agreement.
4. Any failure by the County to request to review the results of the actual screenings of any employee will not relieve the Agency of its liability and obligations under this License Agreement, nor will it place any liability onto the County regarding the eligibility or acceptability of any of the Agency’s employees to provide services or to engage with any vulnerable person.

F. **Permits, Licenses, and Approvals.** The Agency shall obtain all permits, licenses, and approvals necessary to provide the services described in the *Scope of Work* at the Licensed Premises.

**Section 5. Term and Termination.**

A. **Term.** The term of this License Agreement shall begin upon the parties' execution of this Agreement and expire on December 31<sup>st</sup> of the year of this License Agreement's execution. This License Agreement may be renewed for up to three (3) additional one-year terms upon written mutual consent by both parties.

B. **Delegation of Authority.** Through its execution of this License Agreement, the Board hereby delegates limited signature authority to the Director of the County's Community and Family Services Department so that the Director may execute any permitted renewals of this License Agreement so long as those renewals do not change or alter the terms and conditions herein.

C. **Termination for Convenience.** Either party may terminate this License Agreement at any time and for any reason by providing at least thirty (30) days written notice to the other party.

D. **Termination for Cause.** The failure of the Agency, its employees, or contractor(s) to comply with any covenant or condition of this License Agreement shall constitute a breach of the License Agreement.

1. If the breach of this License Agreement, as determined by the CAD Manager, is not material and can be readily cured, the County may, in its sole and absolute discretion, provide the Agency with ten (10) days of a written notice and an opportunity to cure the breach within the timeframe provided therein. Should the Agency fail to cure the breach within the timeframe provided, the County may immediately terminate this License Agreement and reserves the right to prohibit the Agency from future use of any of its community centers.
2. If the breach of this License Agreement, as determined by the CAD Manager, is material and cannot be readily cured, the County may immediately terminate this License Agreement and reserves the right to prohibit the Agency from future use of any of its community centers.

E. Nothing in this Agreement shall be construed as to interfere with the County's absolute right to terminate this License Agreement without cause.

F. **Removal from Premises.** The County may, in its sole and absolute discretion, remove any Agency employee or agent from the County's premises at any time.

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**Section 6.**     **License Restrictions.** The County's granting of this License and the Agency's entry upon and use of the Licensed Premises are conditional upon the Agency's compliance with the following restrictions:

A.     All services provided by the Agency while using the Licensed Premises must be open and available to the public.

B.     Use of the common areas of the Licensed Premises, such as meeting and conference rooms, shall only be with the approval of the CAD Manager or the designee thereof.

C.     **Prohibitions of Substances, Devices, or Materials.** Unless otherwise specifically agreed to by the County in writing, the Agency shall not allow or permit the use, consumption, storage or possession of any of the following items on the Licensed Premises by the Agency or its agents: (a) intoxicating or alcoholic beverages, smoking, or illegal or harmful drugs; (b) gambling devices of any kind; (c) any weapons or firearms; (d) hazardous, flammable or explosive materials, including but not limited to, flammable materials or liquids, fireworks, pyrotechnic devices, explosives, poisonous materials or plants, strong acids or caustics; (e) dangerous animals; or (f) any other substance, material or items prohibited by law or ordinances of fire insurance. Persons violating these restrictions shall be asked to leave, shall be escorted off the Licensed Premises, and may be trespassed from the Licensed Premises for a period of at least six (6) months. Any instance where the policy against alcoholic beverages is violated with the consent or knowledge of the Agency will be cause for termination of this License Agreement.

D.     **Alterations or Removal of Property.** The Agency may not damage, destroy, alter, erect or permit to be erected upon the Licensed Premises such improvements, alterations or modifications to the Licensed Premises, or any fixtures, building systems, or equipment or portion thereof, without the prior written approval of the County, which approval may be withheld in the County's sole and absolute discretion. The Agency may not remove or damage any County equipment or supplies from any portion of the Licensed Premises.

**Section 7.**     **In-Kind Payment for License.** By executing this License Agreement, the Agency hereby certifies that it is eligible to pay for this License Agreement by means of "in-kind" contribution because the Agency: (1) is a registered not-for-profit that is eligible to do business in the State of Florida; and (2) shall exclusively use the Licensed Premises in a manner that, as determined by the CAD Manager, provides a substantive benefit to the County and/or the general public.

**Section 8.**     **Evaluation.** Unless otherwise stated in the *Scope of Work*, the Agency shall submit monthly reports documenting the services it has provided on the Licensed Premises. These reports must be provided to the CAD Manager, or the designee thereof, on or before the 5<sup>th</sup> business day of the month that follows each month and must substantially conform to the format provided for in the *Agency Evaluation Form* attached to this License Agreement as "**Exhibit C**".

**Section 9.**     **Indemnity.** To the fullest extent permitted by law, the Agency shall defend, indemnify, and hold harmless the County, its officials, agents, and employees from and against any and all claims, suits, judgments, demands, liabilities, damages, cost, and expenses (including

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attorneys' fees) of any kind or nature whatsoever arising directly or indirectly out of or caused in whole or in part by any act or omission of the Agency or its subcontractors (if any), anyone directly or indirectly employed by them, or anyone for whose acts for which the Agency or its subcontractors (if any) may be held liable. Nothing contained in this License Agreement shall constitute as waiver by the County of sovereign immunity or the provisions of Section 768.28, Florida Statutes. It is agreed by the parties that specific consideration has been paid under this License Agreement for this provision.

**Section 10.    Liability.** The County shall not be liable to the Agency for any special, consequential, incidental, punitive, or indirect damages arising from, or relating to, this License Agreement and/or any breach by the County hereof, regardless of any notice of the possibility of such damages.

**Section 11.    Protection of Persons and Property.**

A.    The Agency shall be responsible for initiating, maintaining, and supervising all safety precautions and programs in connection with the performance of this License Agreement. The Agency shall take all reasonable precautions for the safety and protection of:

1.    All employees and all persons whom the Agency suffers to be on the premises and other persons who may be affected thereby; and
2.    All property, materials, and equipment on the premises under the care, custody, or control of the Agency; and
3.    Other property at or surrounding the premises including trees, shrubs, lawn, walk, pavement, and roadways.

B.    The Agency agrees that the County does not guarantee the security of any equipment or personal property brought onto County property by the Agency, its agents, volunteers, or employees and further agrees that the County shall in no way be liable for damage, destruction, theft, or loss of any equipment and appurtenances regardless of the reason for such damage, destruction, theft, or loss.

C.    The Agency shall comply with, and shall ensure that its contractors comply with, all applicable safety laws or ordinances, rules, regulations, standards, and lawful orders from authority bearing on the safety of persons or property for their protection from damage, injury or loss. This includes, but is not limited to, the following:

1.    Occupational Safety & Health Act (OSHA)
2.    National Institute for Occupational Safety & Health (NIOSH)
3.    National Fire Protection Association (NFPA)

D.    The Agency must also comply with the guidelines set forth in the Orange County Safety & Health Manual. The manual can be accessed online at the following address: <https://www.orangecountyfl.net/VendorServices/OrangeCountySafetyandHealthManual.aspx>



E. The Agency shall be held responsible for any and all damage resulting from, or in any way related to, its use of the Licensed Premises. Consequently, to mitigate its liability as stated herein, the Agency hereby agrees to assist in efforts to repair and/or mitigate the impact of any damage caused to the Licensed Premises as may be requested by the County.

F. In any emergency affecting the safety of persons or property, the Agency will act with reasonable care and discretion to prevent any threatened damage, injury, or loss.

G. The Agency agrees to ensure confidentiality of client information related to any client of the Agency or the County related to this agreement and to limit access to the premises to duly authorized staff or clients receiving specified services. The Agency shall maintain space in appropriate condition as to customary wear and cleanliness and return furnishings and equipment to its original order upon vacating premises after each use.

H. The Agency will comply with, and shall ensure that its contractors comply with, all applicable safety laws, ordinances, rules, regulations, standards, and lawful orders from authority bearing on the safety of persons or property for their protection from damage, injury, or loss.

I. In any emergency affecting the safety of persons or property, the Agency will act with reasonable care and discretion to prevent any threatened damage, injury, or loss.

## **Section 12. Insurance.**

A. The Agency agrees to maintain on a primary basis and at its sole expense, at all times throughout the duration of this License Agreement the following types of insurance coverage with limits and on forms (including endorsements) as described herein. These requirements, as well as the County's review or acceptance of insurance maintained by Agency, are not intended to, and shall not in any manner, limit or qualify the liabilities or obligations assumed by the Agency under this License Agreement.

B. The Agency shall require and ensure that each of its sub-contractors/consultants providing services hereunder (if any) procures and maintains until the completion of their respective services, insurance of the types and to the limits specified herein.

C. The Agency shall have in force the following insurance coverage, and will provide Certificates of Insurance to the County prior to commencing operations under this License Agreement, or prior to executing any renewals hereof, to verify such coverage:

1. **Workers' Compensation** - The Agency shall maintain coverage for its employees with statutory workers' compensation limits, and no less than \$100,000 each incident of bodily injury or disease for Employers' Liability. Said coverage shall include a waiver of subrogation in favor of the County if services are being provided at County facilities. Elective exemptions as defined in Florida Statute 440 will be considered on a case-by-case basis. Any Agency using an employee leasing

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arrangement shall complete the *Leased Employee Affidavit* attached to this License Agreement as “**Exhibit D**”.

2. **Commercial General Liability** - The Agency shall maintain coverage issued on the most recent version of the ISO form as filed for use in Florida or its equivalent, with a limit of liability of not less than \$1,000,000 per occurrence. Agency further agrees coverage shall not contain any endorsement(s) excluding or limiting Product/Completed Operations, Contractual Liability, or Separation of Insureds.
3. **Sexual abuse and molestation coverage** with limits of not less than \$100,000 per occurrence shall also be included for those programs that provide services directly to vulnerable populations. The General Aggregate limit shall either apply separately to this License Agreement or shall be at least twice the required occurrence limit.
4. **Business Automobile Liability** – The Agency shall maintain coverage for all owned; non-owned and hired vehicles issued on the most recent version of the ISO form as filed for use in Florida or its equivalent, with limits of not less than \$500,000 per accident. In the event the Agency does not own automobiles the Agency shall maintain coverage for hired and non-owned auto liability, which may be satisfied by way of endorsement to the Commercial General Liability policy or separate Business Auto Liability policy.
5. **Professional Liability** – Any Organization providing Professional services (i.e., medical, counseling, etc.) shall provide Professional liability coverage with limits of not less than \$1,000,000 per occurrence.

D. If the Agency is an Agency or political subdivision of the State of Florida then without waiving its right to sovereign immunity as provided in Section 768.28, Florida Statutes, the Agency may self-insure its liability with coverage limits as set forth by the Florida legislature. A statement of self-insurance shall be provided to the County.

E. When a self-insured retention or deductible exceeds \$100,000 the County reserves the right to request a copy of Agency’s most recent annual report or financial statement. For policies written on a “Claims-Made” basis the Agency agrees to maintain a retroactive date prior to or equal to the effective date of this Contract. In the event the policy is cancelled, non-renewed, switched to occurrence form, or any other event which triggers the right to purchase a Supplemental Extended Reporting Period (SERP) during the life of this Contract the Agency agrees to purchase the SERP with a minimum reporting period of not less than two (2) years. Purchase of the SERP shall not relieve the Agency of the obligation to provide replacement coverage.

F. The Agency agrees to provide a CG 20 26 Additional Insured – Designated Person or Organization and CG 24 04 Waiver of Transfer of Right of Recovery in favor of Orange County, Florida.

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G. Insurance carriers providing coverage required herein must be licensed to conduct business in the State of Florida and must possess a current A.M. Best's Financial Strength Rating of A-Class VIII or better.

H. Any request for an exception to these insurance requirements must be submitted in writing to the County for the approval of the County's Risk Management Division.

I. The Agency shall provide to the County current certificates of insurance evidencing all required coverage prior to execution and commencement of any operations/services provided under this Contract. In addition to the certificate(s) of insurance the Agency shall also provide copies of the additional insured and the waiver of subrogation endorsements as required above. For continuing service contracts renewal certificates shall be submitted upon request by either the County or its certificate management representative. The certificates shall clearly indicate that the Agency has obtained insurance of the type, amount and classification as required for strict compliance with this insurance section. No material change or cancellation of the insurance shall be effective without thirty (30) days prior written notice to the County. Certificates shall specifically reference the respective Contract number. The certificate holder and additional insured shall read:

Orange County, Florida  
Attn: Risk Management Division  
109 East Church Street, Suite 200  
Orlando, Florida 32801

### **Section 13. Equal Opportunity and Nondiscrimination.**

A. The County's policies of equal opportunity and nondiscrimination are intended to assure equal opportunities to every person, regardless of race, religion, sex, color, age, disability or national origin, in securing or holding employment in a field of work or labor for which the person is qualified, as provided and enforced by section 17-314 of the Orange County Code and the County's relevant Administrative Regulations. It is also the county policy that person(s) doing business with the county shall recognize and comply with this policy and that the County shall not extend public funds or resources in a manner as would encourage, perpetuate or foster discrimination. As such:

1. The Agency shall adopt and maintain, or provide evidence to the County that the Agency has adopted and maintains, a policy of nondiscrimination as defined by Section 17-288, Orange County Code, throughout the term of this License Agreement.
2. The Agency agrees that, on written request, the Agency shall permit reasonable access to all business records or employment, employment advertisement, application forms, and other pertinent data and records, by the county, for the purpose of investigating to ascertain compliance with the nondiscrimination provisions of this contract; provided, that the contractor shall not be required to produce for inspection records covering periods of time more than one year prior

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to the date of this License Agreement.

3. The Agency agrees that, if any obligations of this contract are to be performed by subcontractor(s), the provisions of subparagraphs "1" and "2" of this Section shall be incorporated into and become a part of the subcontract.

**Section 14.** **Notices.** Notices to either party provided for herein shall be sufficient if sent by certified or registered mail, return receipt requested, postage prepaid, addressed to the following addressees or to such other addressees as the parties may designate to each other in writing from time to time:

**To the County:** Orange County Administrator  
Orange County Administration Building  
201 S. Rosalind Avenue, 5th Floor  
Orlando, Florida 32801

**AND**

Community Action Division Manager  
Orange County Family Services Department  
Community Action Division  
2100 East Michigan Street  
Orlando, Florida 32806

**To the Agency:** From the Heart Charitable Foundation, Inc.  
Attn: Kietta Mayweather Gamble  
7649 W. Colonial Drive #120  
Orlando, Florida 32818  
Ph: 407-445-1111  
KMG@EduMaticsProgram.com

**Section 15.** **General Provisions.**

A. **Independent Contractor.** It is understood and agreed that nothing contained in this License Agreement is intended or should be construed as creating or establishing the relationship of copartners between the parties, or as constituting the Agency as the agent, representative, or employee of the County for any purpose or in any manner whatsoever. The Agency is to be, and shall remain, an independent contractor with respect to all services performed under this Contract, and any employees hired pursuant to this Contract shall be considered to be the employee of the Agency for all purposes, including but not limited to for any worker's compensation matters.

B. **Use of County Logo.** The Agency is prohibited from use of any and all County emblems, logos, and/or identifiers without written permission from the County as per Section 2-3, Orange County Code.

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C. **No Waiver of Sovereign Immunity.** Nothing contained herein shall constitute, or be in any way construed to be, a waiver of the County's sovereign immunity or the protections and provisions of Section 768.28, Florida Statutes.

D. **Assignments and Successors.** Each party binds itself and its partners, successors, executors, administrators, and assigns to the other party of this License Agreement and to the partners, successors, executors, administrators, and assigns of such other party, in respect to all covenants of this License Agreement. Neither party shall assign, sublet, convey, or transfer its interest in this License Agreement without the written consent of the other, which consent shall be in the sole determination of the party with the right to consent.

E. **Waiver.** No delay or failure on the part of any party hereto to exercise any right or remedy accruing to such party upon the occurrence of an event of violation shall affect any such right or remedy, be held to be an abandonment thereof, or preclude such party from the exercise thereof at any time during the continuance of any event of violation. No waiver of a single event of violation shall be deemed to be a waiver of any subsequent event of violation.

F. **Remedies.** No remedy herein conferred upon any party is intended to be exclusive of any other remedy, and each and every such remedy shall be cumulative and shall be in addition to every other remedy given hereunder or now or hereafter existing at law or in equity or by statute or otherwise. No single or partial exercise by any party of any rights, power, or remedy hereunder shall preclude any other or further exercise thereof.

G. **Governing Law.** This License Agreement, and any and all actions directly or indirectly associated herewith, shall be governed by and construed in accordance with the internal laws of the State of Florida, without reference to any conflicts of law provisions.

H. **Venue.** For any legal proceeding arising out of or relating to this License Agreement, each party hereby submits to the exclusive jurisdiction of, and waives any venue or other objection against, the Ninth Circuit Court in and for Orange County, Florida. Should any federal claims arise for which the courts of the State of Florida lack jurisdiction, venue for those actions shall be in the Orlando Division of the U.S. Middle District of Florida.

I. **Jury Waiver.** Each party hereto hereby irrevocably waives, to the fullest extent permitted by applicable law, any right it may have to a trial by jury in any legal proceeding directly or indirectly arising out of or relating to this License Agreement.

J. **Attorneys' Fees and Costs.** With the exception of the indemnification terms of this License Agreement, the parties shall each bear their own costs, expert fees, attorneys' fees, and other fees incurred in connection with this License Agreement and any litigation that arises either directly, or indirectly, from this License Agreement.

K. **No Third-Party Beneficiaries.** Nothing in this License Agreement, express or implied, is intended to, or shall confer, upon any person, other than the parties and their respective successors and permitted assigns, any legal or equitable right, benefit or remedy of any nature under or by reason of this License Agreement.

L. **Non-Exclusive Agreement.** This License Agreement shall be non-exclusive to both parties providing both the Agency and the County the right to enter into agreements regarding the same or similar subject matter with other parties.

M. **No Representations.** Each party represents that they have had the opportunity to consult with an attorney, and have carefully read and understand the scope and effect of the provisions of this License Agreement. Neither party has relied upon any representations or statements made by the other party hereto which are not specifically set forth in this License Agreement.

N. **Headings.** The headings or captions of articles, sections, or subsections used in this License Agreement are for convenience of reference only and are not intended to define or limit their contents, nor are they to affect the construction of or to be taken into consideration in interpreting this License Agreement.

O. **Survivorship.** Those provisions which by their nature are intended to survive the expiration, cancellation, or termination of this License Agreement, including, by way of example only, the indemnification and public records provisions, shall survive the expiration, cancellation, or termination of this License Agreement.

P. **Authority of Signatory.** Each signatory below represents and warrants that he or she has full power and is duly authorized by their respective party to enter into and perform this License Agreement. Such signatory also represents that he or she has fully reviewed and understands the above conditions and intends to fully abide by the conditions and terms of this License Agreement as stated.

Q. **Severability.** If any provision of this License Agreement is held by a court of competent jurisdiction to be invalid, void, or otherwise unenforceable, the remaining provisions shall nevertheless continue in full force without being impaired or invalidated in any way.

R. **Written Modification.** Other than the exception regarding the Scope of Work as stated in Section 4(B) above, no modification of this License Agreement shall be binding upon any party to this License Agreement unless reduced to writing and signed by a duly authorized representative of each party to this License Agreement.

S. **Radon Gas.** Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in Florida. Additional information regarding radon and radon testing may be obtained from your county health department.

**Section 16. Entire License Agreement.** This License Agreement, and any documents incorporated herein, sets forth and constitutes the entire agreement and understanding of the parties with respect to the subject matter hereof. This License Agreement supersedes any and all prior agreements, negotiations, correspondence, undertakings, promises, covenants, arrangements,

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communications, representations, and warranties, whether oral or written, of any party to this  
License Agreement.

**[ SIGNATURES ON THE FOLLOWING PAGE ]**

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IN WITNESS WHEREOF, the parties hereto have signed and executed this License Agreement on the dates indicated below.



ORANGE COUNTY, FLORIDA

By: Board of County Commissioners

By: Bruno. Brooks

Jerry L. Demings  
Orange County Mayor

Date: 10 January 2023

ATTEST: Phil Diamond, CPA, Comptroller  
As Clerk of the Board of County Commissioners

By: Gloria Hernandez  
Deputy Clerk

Date: 10 January 2023



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IN WITNESS WHEREOF, the parties hereto have signed and executed this License Agreement on the dates indicated below.

**FROM THE HEART CHARITABLE  
FOUNDATIONS, INC.**, a non-profit  
organization

By: Kietta Mayweather Gamble  
Kietta Mayweather Gamble

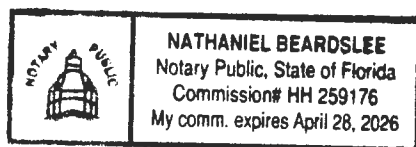
Director

Date: 11/2/2022

STATE OF Florida)  
COUNTY OF Orange)

The foregoing instrument was acknowledged before me by means of ☒ physical presence or  
☐ online notarization, this 2 day of November, 2022 by  
Kietta Gamble, \_\_\_\_\_. He/she ☐ is personally known  
to me or ☒ has produced FLDL as a form of valid identification.

(Seal)



Nathaniel Beardslee  
Signature Notary Public

Project Name: From the Heart Charitable Foundation, Inc. - Hal P. Marston Community Center (CAD)

Lease File: #10181

**EXHIBIT A**  
**COMMUNITY CENTER INFORMATION**

**Community Center:** Hal P. Marston  
3933 Wd Judge Dr, Orlando, Florida 32808

**Room:** Classroom with white board and computers

**Days:** Monday, Tuesday, Wednesdays, Thursday, and Friday

**Frequency:** Weekly

**Hours:** TBD

Project Name: From the Heart Charitable Foundation, Inc. - Hal P. Marston Community Center (CAD)

Lease File: #10181



**ORANGE COUNTY COMMUNITY ACTION DIVISION**  
**Facility Use Application for**  
**Partners Requesting Space to Conduct Services to Benefit the Public**

**I. Community Center**

<input checked="" type="checkbox"/> East Orange	<input checked="" type="checkbox"/> Hal P. Marston	<input checked="" type="checkbox"/> Holden Heights	<input checked="" type="checkbox"/> John Bridges
<input checked="" type="checkbox"/> Lila Mitchell	<input checked="" type="checkbox"/> Maxey	<input checked="" type="checkbox"/> Pine Hills	<input checked="" type="checkbox"/> Taft

**II. Organization Information**

Name of Organization	From the Heart Charitable Foundation Inc
Mailing Address	7649 W Colonial Drive #120 Orlando, FL 32818
Phone Number	407-445-1111 or 407-496-6671
Email Address	KMQ@EduMaticsProgram.com
Contact Person	Kietta Mayweather Gamble

Name of person authorized to sign agreement	Kietta Mayweather Gamble
Title of person authorized to sign agreement	Director

**III. Organization Background and Goals**

(Example Only: The objective of the Southwest Home Owner's Association is to improve or maintain the neighborhood quality of life for its residents).

The objective of From the Heart Charitable Foundation is to provide computer literacy courses to the residents in Orange County.

**IV. Service Eligibility, Description and Scope of Work**

What is the eligibility criteria to participate in your program?	Eligibility to participate in the program is dependent upon approval by Orange County.
--	--

Describe your Program Scope of Work expected to be performed under this agreement and in the centers. From the Heart Charitable Foundation will provide computer safety courses for Seniors within the community.

#### V. Program Measurements and Deliverables

Describe how program effectiveness is measured by your organization (include deliverable data you collect for program inputs, outputs and outcomes). How does the organization measure its impact? Students will be surveyed up to a year after computer safety courses are completed. The impact will be measured by success of students feeling safe while using the internet.

Please complete the table of your Program Measurement information with the Community Action National Indicators that best describes your program services and outcomes and identify how the measure is supported.

SRV	Service Description	Service Tracking Source	NPI	Outcome Description	Outcome Measurement Source	Where is Measurement Data Stored?

#### VI. Frequency and Duration of Activities

How often is your program? ☐ Daily ☒ Weekly ☐ Monthly ☐ Quarterly ☐ Other:

What days are you requesting to use the center? ☒ M ☒ Tu ☒ W ☒ Th ☒ F ☐ Sa

What kind of setup does your meeting/event require? (ex. Classroom, Banquet, U-shape, Theater) Classroom with whiteboard + computers

Approximately how many people will you serve per meeting? 515 - 20

What are the hours the services will be conducted? (Including setup and cleanup) TBD

#### VII. Reporting Requirements

Reporting program measurements (# clients served, # services provided, # outcomes achieved) with an identified measurement source to Community Action is a monthly requirement to document the service impact for citizens. Reports are due on or before the 1<sup>st</sup> of each month and considered late after the 2<sup>nd</sup> of the month.

☒ Checking the box acknowledges and agrees to the reporting requirements.

## **Pine Hills Community Center** **National Performance Indicator (NPI) Outcomes**

### **Eduomatics -- Seniors Computer Class** (Partner)

#### **NPI Categories**

<b>NPI Categories</b>	<b>Description</b>
<b>CNPI</b>	Community NPI's (Counts & Rates/Percentages- Comm. Wide Outcomes)
<b>FNPI</b>	Individual & Family NPI's (Counts of Individual/Family Gains)
<b>SRV</b>	Individual & Family Services NPI's (Unduplicated Counts of Services Provided)

#### **Partner Routine Outcomes**

<b>SRV</b>	<b>Description</b>	<b>FNPI</b>	<b>Description</b>
<b>SRV 2x</b>	Applied Technology Classes (Related to Electronics, Engineering & Mechanical Fields)	<b>FNPI 6a</b>	The number of Comm. Action program individuals who increased skills, knowledge, and abilities to enable them to work with Comm. Action to improve to improve conditions in the community
<b>SRV 6e</b>	Getting Ahead Classes	<b>FNPI 2f</b>	The number of adults who demonstrated improved basic education

Project Name: From the Heart Charitable Foundation, Inc. - Hal P. Marston Community Center (CAD)

Lease File: #10181

Please be aware that all license agreements expire automatically on December 31<sup>st</sup> of the year the agreement was signed, but may be renewed for up to three (3) additional one-year (1) terms. The maximum term of this agreement shall be for no more than three consecutive (3) years from the date of full execution of this agreement.

Signature below affirms that this application is complete and free from any intentional error:

Kiota Maynard  
Signature of Person Completing the Application

4/22/2022  
Date

**VIII. Review and Approval Criteria for Program Manager**

- ✓ Application is complete
- ✓ Insurance information is complete
- ✓ Scope of work description is clearly stated, National Indicators and Measurement Sources are identified and signee acknowledges and agrees to reporting requirements.
- ✓ Days of service, hours of operation, and requested frequency of services conform to Center, Division, Department and County operational requirements and not conflict with existing Facility Users.
- ✓ The person signing the Agreement is of sufficient organizational authority to provide consent for service delivery

a) Which room in the community center will this potential partner occupy?

☐ Conference Room    ☐ Large Activities Room    ☐ Office Space    ☐ Other  
If other, please specify: Computer Lab

b) Which National Community Action Indicators (SRVs/NPIs) will be recorded for agency reporting for this potential partner?

SRV \_\_\_\_\_ FNPI \_\_\_\_\_ CNPI \_\_\_\_\_

c) Is it your recommendation that this partner is granted access to the center at the hours, days, and times requested? Why or why not:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program Manager Approval: Ernie Brown Date: 8-19-2022

Division Manager Approval: Harvey Brubaker Date: 8/25/22

Project Name: From the Heart Charitable Foundation, Inc. - Hal P. Marston Community Center (CAD)

Lease File: #10181



EDUMATICS1

AFALES

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/9/2022

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 have ADDITIONAL INSURED provisions or 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> Guided Insurance Solutions, LLC	<b>CONTACT NAME</b> Steve Chiericozzi	
	<b>PHONE (A/C, No, Ext)</b> (561) 409-8869	<b>FAX (A/C, No)</b>
	<b>E-MAIL ADDRESS</b> Steve.Chiericozzi@fifamily.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A: Northfield Insurance Company	27987
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**INSURED**  
Edumatics Inc dba From the Heart Charitable Foundation Corp  
PO Box 692286  
Orland FL 32869

### COVERAGES

### CERTIFICATE NUMBER:

### REVISION NUMBER:

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	ADOL SUBR (A/C, No, Ext)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG <input type="checkbox"/> OTHER:	X	X	3458090A	9/9/2022	9/9/2023
						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOF AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in FL) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Prof Liability	X	X	3458090A	9/9/2022	9/9/2023
A	Abuse	X	X	3458090A	9/9/2022	9/9/2023
						Occur/Agg \$ 100,000 Incident/Agg \$ 100,000

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

Certificate holder is added as additional insured with a waiver of subrogation added in their favor for the general liability.

Locs:

- 1) 7849 W Colonial Dr Unit 120 Orlando FL 32818
- 2) 1980 Prevatt Street Eustis FL 32726

### CERTIFICATE HOLDER

Orange County, Florida  
Risk Management Division  
109 E Church St Ste 200  
Orlando FL 32801

### 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

ACORD 25 (2016/03)

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Project Name: From the Heart Charitable Foundation, Inc. - Hal P. Marston Community Center (CAD)

Lease File: #10181

POLICY NUMBER: WS492329

COMMERCIAL GENERAL LIABILITY  
CG 20 10 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS - SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Orange County, Florida Risk Management Division, 109 E Church St., Ste 200, Orlando, FL 32801	7649 W COLONIAL DR ORLANDO FL, 32818
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.



Project Name: From the Heart Charitable Foundation, Inc. - Hal P. Marston Community Center (CAD)

Lease File: #10181

POLICY NUMBER: WS492329

COMMERCIAL GENERAL LIABILITY  
CG 24 04 05 09

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

**Name of Person or Organization:**

Orange County Florida Risk Management Division, 109 E Church St, Ste 200, Orlando, FL 32801

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV - Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

Project Name: From the Heart Charitable Foundation, Inc. - Hal P. Marston Community Center (CAD)

Lease File: #10181



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/07/2022

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<b>PRODUCER</b> Business Insurance Center Inc (CRL) 6979 Kingspointe Pkwy, Unit 9 Orlando FL 32819	<b>CONTACT NAME:</b> Robert T Newsome, Jr <b>PHONE (A/C No. Ext.):</b> (407) 354-9868 <b>FAX (A/C No.):</b> (407) 447-1143 <b>E-MAIL ADDRESS:</b> Bob@bicfl.com
<b>INSURED</b> EDUMATICS INC. From the Heart Charitable Foundation Corp PO Box 692286 Orlando FL 32869	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Merkel Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES** **CERTIFICATE NUMBER:** Cert ID 21321 **REVISION NUMBER:**

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	ADOL	SUBR	RD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GENERAL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:								EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$ \$ \$ \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY								COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ \$ \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE								EACH OCCURRENCE AGGREGATE \$ \$ \$
A	<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	Y/N	Y			NWC0098726-07	08/05/2022	08/05/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
									\$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RB: Edumatics, Inc - From the Heart Charitable Foundation Corp - Computer Courses for Orange County Community Action.

Waiver of subrogation in favor of Orange County Government with respect to Workers Compensation.

### CERTIFICATE HOLDER

Orange County, Florida Risk Management Division 109, E Church Street, Ste 200 Orlando FL 32801	<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> 
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ACORD 25 (2016/03)

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Page 1 of 1

Project Name: From the Heart Charitable Foundation, Inc. - Hal P. Marston Community Center (CAD)

Lease File: #10181



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/06/2022

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<b>PRODUCER</b> Sikes Insurance Agency, Inc 3850 A. Curry Ford Rd Orlando, FL 32806 Phone (407) 282-5145 Fax (407) 277-6550	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (407) 282-5145 FAX (A/C, No): (407) 277-6550 EMAIL: diana@sikesinsurance.com ADDRESS: <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: INSURER B: Progressive Express Ins Company INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b> Edumatics, Inc/ DBA Heart Charitable Foundation 7649 West Colonial Dr. # 120 Orlando FL 32818	<b>NAIC #</b>

### COVERAGES

### CERTIFICATE NUMBER:

### REVISION NUMBER:

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	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS & COMMOD AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ 500,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y		034496664-1	04/09/2022	04/09/2023	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - SA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

1.-2019 FORD T-350 TRANSIT -VIN: 1FBZX2ZM2KK805347, 2.- 2020 Ford E350SD- Vin#6/15/202: 1FDEE3FS8KDC75057  
Veh #3 -2021 Chevrolet Diamond Vap Vin# 1HA3GSBG6LN012462.

The Certificate holder is added as Additional Insured.

30 days Notice of Cancellation . and 10 days notice for nonpayment of premium.

### CERTIFICATE HOLDER

### CANCELLATION

Orange County Board of County Commissioners  
Procurement Dept. 400 E South St  
Orlando, FL 32801

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

*Mayra Reyes*

10/07/2022

ACORD 25 (2016/03) QF

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Project Name: From the Heart Charitable Foundation, Inc. - Hal P. Marston Community Center  
(CAD)  
Lease File: #10181

**EXHIBIT B**  
**SCOPE OF WORK**

From the Heart Charitable Foundation will provide computer safety courses for Seniors within the community.

Project Name: From the Heart Charitable Foundation, Inc. - Hal P. Marston Community Center (CAD)  
Lease File: #10181

**EXHIBIT C  
AGENCY EVALUATION FORM**

**Name of Reporting Individual:** \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Reporting Period:** \_\_\_\_\_ to \_\_\_\_\_

Number of individual clients	Of those, number of new clients	Total number of visits (all clients, new and existing)

National Performance Indicator (NPI)	NPI Description	Number of clients achieving NPI

**Supporting documentation for outcome completion included with the report:**    Yes\_\_\_    No\_\_\_

**Reporting Individual's Signature:** \_\_\_\_\_

**Reviewing County Staff Signature:** \_\_\_\_\_

Project Name: From the Heart Charitable Foundation, Inc. - Hal P. Marston Community Center  
(CAD)

Lease File: #10181

**EXHIBIT D**  
**LEASED EMPLOYEE AFFIDAVIT**

I affirm that an employee leasing company provides my workers' compensation coverage. I further understand that my contract with the employee leasing company limits my workers' compensation coverage to enrolled worksite employees only. My leasing arrangement does not cover un-enrolled worksite employees, independent contractors, uninsured sub-contractors or casual labor exposure.

I hereby certify that 100% of my workers are covered as worksite employees with the employee leasing company. I certify that I do not hire any casual or uninsured labor outside the employee leasing arrangement. I agree to notify the County in the event that I have any workers not covered by the employee leasing workers' compensation policy. In the event that I have any workers not subject to the employee leasing arrangement, I agree to obtain a separate workers' compensation policy to cover these workers. I further agree to provide the County with a certificate of insurance providing proof of workers' compensation coverage prior to these workers entering any County jobsite.

I further agree to notify the County if my employee leasing arrangement terminates with the employee leasing company and I understand that I am required to furnish proof of replacement workers' compensation coverage prior to the termination of the employee leasing arrangement.

I certify that I have workers' compensation coverage for all of my workers through the employee leasing arrangement specified below:

**Name of Employee Leasing Company:** \_\_\_\_\_

**Workers' Compensation Carrier:** \_\_\_\_\_

**A.M. Best Rating of Carrier:** \_\_\_\_\_

**Inception Date of Leasing Arrangement:** \_\_\_\_\_

I further agree to notify the County in the event that I switch employee-leasing companies. I recognize that I have an obligation to supply an updated workers' compensation certificate to the County that documents the change of carrier.

**Name of Contractor:** \_\_\_\_\_

**Signature of Owner/Officer:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_