

1709 Hermitage Blvd., Suite 100 Tallahassee, FL 32308 850.224.4493

Attached is the Florida High School High Tech (HSHT) Memorandum of Agreement (MOA) for fiscal year 2025:

Center for Independent Living of North Central Florida 222 SW 36th Terrace Gainesville, FL 32607 United States

- High School High Tech Alachua County, HSHT 25-01
- High School High Tech Levy County, HSHT 25-02
- High School High Tech Putnam County, HSHT 25-03
- High School High Tech Marion County, HSHT 25-04

Center for Independent Living of Broward 4800 N. State Road 7 Bldg. F, Suite 102 Ft. Lauderdale, FL 33319

- High School High Tech Broward County South, HSHT 25-05
- High School High Tech Broward County North, HSHT 25-06

The Arc of Jacksonville 1050 N. Davis Street Jacksonville, FL 32209

- High School High Tech Duval East County, HSHT 25-11
- High School High Tech Duval County, HSHT 25-12
- High School High Tech St. Johns County, HSHT 25-13
- High School High Tech Clay County, HSHT 25-14

CareerSource Gulf Coast 625 US-231 Panama City, FL 32405

• High School High Tech Gulf County, HSHT 25-15

Hardee County School District 830 Altman Road Wauchula, Fl 33873

• High School High Tech Hardee County, HSHT 25-16

ServiceSource dba Abilities Inc. 2735 Whitney Road Clearwater, FL 33760-1610

• High School High Tech Hillsborough County, HSHT 25-17

- High School High Tech Pinellas County, HSHT 25-18
- High School High Tech Paso County, HSHT 25-19

Brevard Schools Foundation 2700 Judge Fran Jamieson Way Viera, FL 32940-6699

• High School High Tech Brevard County, HSHT 25-20

Madison County School District 210 NE Duval Street Madison, FL 32340

High School High Tech Madison County, HSHT 25-21

The Haven 4405 DeSoto Road Sarasota, FL 34235

- High School High Tech Manatee County, HSHT 25-22
- High School High Tech Sarasota County, HSHT 25-23

Nassau County School District ESE Department 1207 Atlantic Ave Fernandina Beach, FL 32034

- High School High Tech Nassau West County, HSHT 25-24
- High School High Tech Nassau East County, HSHT 25-25

Miami Lighthouse for the Blind 601 SW 8th Avenue Miami, FL 33130

- High School High Tech Miami Dade County North, HSHT 25-26
- High School High Tech Miami Dade County South, HSHT 25-27

Gulfstream Goodwill Industries, Inc. 1715 Tiffany Drive East West Palm Beach, FL 33407

• High School High Tech Palm Beach County, HSHT 25-28

Ability 1st 1823 Buford Court Tallahassee, FL 32308

- High School High Tech Leon County, HSHT 25-29
- High School High Tech Wakulla County, HSHT 25-30

Flagler County Education Foundation 1769 E. Moody Blvd. Building #2 Bunnell, FL 32110

High School High Tech Flagler County, HSHT 25-31

Goodwill Gulf Coast 2440 Gordon Smith Dr. Mobile, AL 36617-2319

- High School High Tech Escambia County, HSHT 25-32
- High School High Tech Okaloosa County, HSHT 25-33

Family Partnerships of Central Florida 904 N Lake Destiny Road, #400 Maitland, Fl 32751

• High School High Tech Family Partnerships of Central Florida, HSHT 25-34

CareerSource North Central Florida 705 East Base Street Madison, FL 32340 High School High Tech Suwannee County, HSHT 25-35

Foundation for Orange County Public Schools 550 S. Eola Ave Orlando, FL 32801

- High School High Tech Orange County (v2), HSHT 25-36
- High School High Tech Orange County (East), HSHT 25-37
- High School High Tech Orange County (West), HSHT 25-38

Educational Foundation of Lake County, Inc. 2045 Pruitt Street Leesburg, FL 34748

• High School High Tech Lake County, HSHT 25-39

Chautauqua Learn and Serve Charter School 1118 Magnolia Ave Panama City, FL 32401

High School High Tech Bay County, HSHT 25-40

Volusia County School District EDC Atlantic Portable 6 1250 Reed Canal Road Port Orange, FL 32129

• High School High Tech Volusia County, HSHT 25-41

School District of Desoto County 494 N. Manatee Ave Arcadia, FL 34266

High School High Tech Desoto County, HSHT 25-42

Polk County Public Schools 1915 South Floral Ave Bartow, FL 33830

- High School High Tech Polk West County, HSHT 25-43
- High School High Tech Polk East County, HSHT 25-44

Learning Independence Through Tomorrow 1005 S Highland Ave Clearwater, FL 33756

• High School High Tech LiFT-Pinellas County, HSHT 25-45

Hernando County Education Foundation 900 Emerson Road Brooksville, FL 34601

• High School High Tech Hernando County, HSHT 25-46



MEMORANDUM OF AGREEMENT

25-00

BETWEEN

THE ABLE TRUST AND

XXXXXX

This MEMORANDUM OF AGREEMENT ("Agreement"), by and between The Able Trust ("Foundation") and <u>XXXXX</u> ("Organization") takes effect on July 1st, 2024.

IT IS THEREFORE agreed between The Able Trust and XXX:

I. Purpose:

To fund the High School High Tech (HSHT) program in **XXX** County, in the amount of Twenty-Two Thousand Dollars (\$22,000.00.) Funds disbursed are contingent upon the continuing availability of legislative funding.

II. Scope of Work

- A. Florida HSHT is designed to encourage students with disabilities to enter postsecondary education leading to in-demand or emerging careers. The overall goals of Florida HSHT include:
 - 1. Improving participation in education and vocational-related activities leading to increased employment opportunities for students with disabilities;
 - 2. Increasing enrollment in postsecondary education/training,
 - 3. Increasing the graduation rate of students with disabilities, and
 - 4. Providing meaningful career preparation and work-based experiences for students with disabilities.

A general description of the HSHT program includes:

- Motivating students with all types of disabilities, ages 14-22 to graduate from high school and pursue their interests and in-demand careers.
- Encouraging students to aim for post-secondary education, degrees, and certificates in their chosen field
- Providing students with appropriate postsecondary (college/vocational and career planning) information and guidance based on current labor market information
- Enhancing life skills and opportunities for socialization
- Collaborating with business and industry to ensure students are acquiring competitive skills that are aligned with industry standards.

B. The Guideposts for Success:

The Guideposts for Success were developed in 2000 by the National Collaborative on Workforce and Disability for Youth and adapted by The Able Trust as the program structure for Florida HSHT. It is required that each local site incorporates activities that address <u>all 5</u> Guideposts including:

Guidepost 1: School- Based Preparatory Experiences: This includes the activities and services undertaken by the youth while at the program site or collaborating education site such as a postsecondary education facility. The term "preparatory" is used to indicate the "getting ready" nature of the activities for the world of work experiences. Activities may include career assessments, interest inventories, independent living goals etc. It is presumed the preparatory experiences are conducted in a friendly and safe environment where youth feel accepted and nurtured by staff.

Guidepost 2: Career Preparation and Work-Based Learning Experiences: This includes activities that sequentially build work skills through on-the-job experiences including a structured internship (age and stage appropriate for student). Activities may include site visits and skill development workshops. In all cases the lessons learned during the work-based experiences should be reviewed back "home" in-program to ensure that youth are connecting what they are learning in school and in the program to what they are learning from the on-the-job experience.

Guidepost 3: Youth Development and Leadership: Every student should be exposed to personal leadership skills such as self-advocacy and self-determination as well as activities that build self-esteem, interpersonal skills, and teaming. Peer-centered activities promoting responsibility and other positive social behaviors are encouraged. Each student should have the opportunity to participate in a structured relationship with an adult such as informal/formal and individual/group mentoring. Based on a students' interest, students should also be encouraged to take advantage of elite leadership opportunities such as the Youth Leadership Forum and student representation on Workforce Innovation and Opportunity Act (WIOA) Youth Councils and other advisory groups. Activities may occur during school or non-school hours as appropriate.

<u>Guidepost 4: Connecting Activities</u>: HSHT programs cannot be stand-alone efforts. It is necessary to connect with other institutions (e.g., sponsoring schools, postsecondary institutions, local workforce development organization, the services of the sponsoring organization and others) in order to provide the necessary support services for the student and to enrich the content of the program. The services listed are a mix of direct support and information about future needs such as independent living options. The arrangements will vary depending upon the needs of the student in the program.

Guidepost 5: Family Engagement: All youth need the support and engagement of their families throughout transition to adulthood. To equip youth for a smooth transition, families need to be knowledgeable about the many aspects of transition. They also need to be engaged in various ways with their youth and in partnership with service providers, schools, and organizations. Likewise, service providers and schools need to partner with and assist families in multiple ways in order to support their efficacy and enable them to meet their needs.

C. DOE/Division of Vocational Rehabilitation Connection

Each potential HSHT student shall obtain an enrollment package which contains at a minimum the following materials or their updates:

- The DOE/DVR, <u>A Guide for School to Work Transition Service</u> information pamphlet;
- An overview of The Able Trust/<u>DVR Florida High School High Tech Program goals and services</u>; and
- Contact information for the DOE/DVR unit office in the student's respective area.

The HSHT Local Site Coordinator[s] will follow up regarding the student's interest and contact with DOE/DVR.

D. Florida HSHT Annual Training

The Program Coordinator must participate in the Florida HSHT Annual Training which will be held in-person in FY25. During the training, programmatic and financial reporting requirements will be distributed and basic standards for program activities will be reviewed. In addition, Program Coordinators will learn about innovative statewide and national transition resources, The Able Trust youth programs and will share best practices, achievements and lessons learned.

III. <u>Deliverables:</u>

A. Program Operations

- 1. Recruitment and orientation of a minimum of fifteen (15) students to participate in the HSHT program. This enrollment goal must be reached by October 31, 2024 to assure adequate opportunity for the students to gain from the HSHT experience.
- 2. Distribution of the Able Trust Welcome Packet to all enrolled students.
- 3. Reports of any changes in HSHT staff and top executive of the organization to Foundation executive management within two business days of occurrence.
- 4. An active Business Advisory Council (BAC) that includes a minimum of 50% membership from the private business community. The BAC will meet at least two times within the contract year. The meetings, memberships and activities must be described in the required quarterly progress report. Contact information, including email, phone number and mailing address for BAC members must be submitted to Able Trust at the time of contract execution, and updated for new members throughout the year.
- 5. The opportunity for each active, enrolled student to participate in HSHT activities (i.e. workshops, group activities, site visits) or other events an **average** of two times per month for the contract year.
- 6. Career activities which meet HSHT Career Experience Guidelines for a minimum of 50% of active, enrolled students on an annual basis.
- 7. The opportunity for each active, enrolled student to participate in an in-person postsecondary education program tour/visit. Postsecondary education programs are programs that allow for students to attain a recognized credential or diploma. These programs can include state colleges, public or private universities, public or private technical schools or any other postsecondary program where educational attainment occurs.
- 8. Graduation of 80% of all active, enrolled seniors.
- 9. Assistance, as requested by the Foundation, with exit interviews of HSHT graduating seniors.
- 10. Program sustainability through the pursuit of additional resources. Sustainability efforts will be reported in each quarterly report.

- 11. Communications and public relations activities which meet HSHT Grant Communication Guidelines including the appropriate use of logos (The Able Trust, Vocational Rehabilitation, and Florida HSHT) on all promotional and educational materials, updated as needed and consistent with guidelines provided by the Foundation. Conversely, organizations must send a high quality, electronic version of their logo to The Able Trust.
- 12. Actively assisting Foundation in the distribution of communication materials from Foundation to students during the program year.
- 13. All (100%) HSHT Enrolled Students will be referred to VR by The Able Trust. The requirements of a VR referral are as follows, students must:
 - a. Be known to VR or will have an IPE.
 - b. Be between the ages of 14-21
 - c. Have documentation that indicates they are a Student with a Disability, as defined in 34 CFR § 361.5(c)(51), which requires the Student:
 - i. be in a secondary, postsecondary, or other recognized educational program; and
 - ii. be at least 14, but not older than 21 years of age; and
 - iii. is eligible for, and receiving, special education or related services under part B of the Individuals with Disabilities Education Act (IDEA); or
 - iv. is an individual with a disability receiving services from a Florida secondary, postsecondary, or other recognized educational program under a 504 plan or for purposes of Section 504 of the Rehabilitation Act.

The HSHT site is responsible for completing the VR documentation requirements included on the FY25 HSHT Student Enrollment Form; collecting the required disability documentation as listed in 13.c. above.

B. Reporting

The Organization must submit to the Foundation:

- 1. Complete HSHT Enrollment forms for every student and alumni enrolled in the HSHT program submitted quarterly by October 10, 2024, January 10, 2025, April 10, 2025and July 10, 2025.
- 2. Quarterly program reports to document comprehensive program services each quarter and quarterly finance reports, both due by October 10, 2024, January 10, 2025, April 10, 2025 and July 10, 2025. Annual data at the end of the contract year including, but not limited to, outcome data of graduated seniors, number of students in the program, number of students obtaining an employment, number of students graduating from high school and/or advancing to the next grade level, number of students offered acceptance into college /vocational technical centers, number of students referred for Vocational Rehabilitation Services. End-of year updated contact list of all HSHT participants which includes name, address, email address, cell phone, and family contacts.
- 3. Supplemental materials with all quarterly, fiscal, and programmatic reports such as copies of receipts, invoices, salary paid, photographs and other listed materials.

C. Budget

- 1. The Organization must submit a budget for program expenses that totals at least \$22,000.
- 2. All funds must be expended by June 30, 2025.
- 3. Include the **total cost** of the HSHT Program associated with any additional Organization funds.
- 4. Name and contact information for person responsible for submitting the **fiscal report**:

Name:	
Job title:	
Telephone #:	extension:
Email:	
Supervisor Name:	
Supervisor Telephone#:	extension:
Supervisor Email:	

Financial Consequences: Non-performance of the above deliverables will result in the following financial consequences:

- 1. \$250 for each report and requirement not met timely;
- 2. \$500 for non-attendance at the required annual program coordinators training;
- 3. Possible ineligibility for renewal consideration.

IV. Terms:

- A. This Agreement shall become effective upon budget approval and signing by both parties. The agreement will continue to be in effect for the FY unless terminated by either party upon sixty (60) days written notice to the other party at the stated address below. Further modifications, changes or amendments to this Agreement may be made by the Foundation and presented in writing and signed by the parties hereto.
- B. Compliance The Foundation may perform on-site inspections of the project anytime during regular business hours or scheduled functions. The on-site visit may be completed by a board or staff member of the Foundation or any representative designated by the Foundation. The Foundation may conduct an audit of the project at any time during or after the completion of the project described in this Contract. Such audit shall include, but is not limited to financial records relating to the project funded and time/work completed on the project. Audits may include interviews with recipients of services.
- C. In the event of a breach of any promise, representation, warranty or agreement made by Organization under this Contract, or in the event that the Foundation believes that the Organization has not attempted to or cannot or will not complete the project described in its Grant Application, the Foundation shall be released from any and all obligation to provide the Funds or any undelivered portion thereof to the Organization. Upon any such occurrence, the Foundation shall be entitled to the immediate delivery of any unused funds by the Organization, as well as to the delivery of any personal property purchased with the funds by the Organization and shall be entitled to pursue any other legal remedy available to it, resulting from the Organization's breach of this Contract.
- D. If any provision of this Agreement is amended by the parties or held to be void or unenforceable in a court of competent jurisdiction, all other provisions shall remain in full force and effect.

V. Other Contract Conditions

A. The Organization acknowledges that the Organization is not an agent or employee of the Foundation. The Organization agrees to indemnify and hold harmless the Foundation, its Board members and employees from any and all cost, loss, damage or expense (including reasonable attorney's fees) which may occur by virtue of the Organization's implementation of the proposed

- project to the extent authorized by law and without waving any rights under the State of Florida Sovereign Immunity Statute, Chapter 768 F.S.
- B. The Organization will acknowledge existing Foundation grants and/or those that will operate concurrently to this grant prior to the execution of this Contract.
- C. The Organization must seek approval at a minimum of 30 days in advance from the Foundation to utilize funds to travel outside the State of Florida.

VI. <u>Contract Service Dates</u>: The awarded contract will be from <u>July 1, 2024 thru June 30, 2025</u>

VII. Payments

General Contract Payments

Two payments will be made. The first payment is scheduled for September 2024 in the amount of \$11,000 and is dependent on a returned signed MOA by August 31, 2024 with completed items A thru H below.

The second payment is scheduled for February 2025 in the amount of \$11,000 and is contingent upon utilization of the first payment, demonstrated with complete and timely fiscal reports, sufficient enrollment of students and completion of program activities for the first half of the program year.

All payments are made subject to continuation of State of Florida funding. Additionally, all payments will be made via ACH payment. The Foundation will provide a form that must be completed and returned with the MOA.

The Foundation shall not be required to deliver any of the funds to the Organization until the Organization has complied with each of the following requirement or conditions:

- A. Submission of a signed contract.
- B. Provision of a budget reflecting the use of awarded funds for the travel, food, lodging and other needs for implementing the HSHT Program according to the Guideposts of Success of the program. The submitted budget is subject to review and approval by the Foundation.
- C. Provision of the **total cost** of the HSHT Program associated with additional Organization funds for the Foundation's internal purposes.
- D. Provision of the resumes of the individuals delivering the HSHT Program to youth with disabilities and verification of employment eligibility of those individuals (USCIS Form I-9).
- E. Provision of a copy of the most recently filed audit or completed Internal Revenue Service form 990.
- F. Provision of an outline of proposed activities for the program year which includes two or more activities for each of the Guideposts and expected results.
- G. Provision of a list of the Business Advisory Council membership, tentative meeting dates, contact information, and projected goals of the BAC for the program year.
- H. Provision of a description for how additional funds and resources will be developed and/or maintained to ensure program sustainability.

VIII. Insurance

During the Agreement, including any renewals and extension, the Organization shall maintain at its expense, insurance coverage of such types and with such terms and limits as may be reasonably associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in

writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

- A. Commercial General Liability Insurance
- B. Workers' Compensation
- C. Employer's Liability (100,000/100,000/500,000 as minimum limits) or other coverage limits if established by Florida statutes.

IX. **Project Management:**

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

Coleen Agner, HSHT State Director The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308 Phone: 850-224-4493 coleen@abletrust.org CONTACT INFORMATION FOR ORGANIZATION: Name: ______ Position: _____Project Coordinator

Address: Telephone: extension: Email: Name: _____ Position: ___ Chief Executive Address: ______ extension: Email:

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust	<u>Organization</u>
By:	By:
Allison Chase, President & CEO	Title:
Date:	Date:

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Foundation:

Coleen Agner, HSHT State Director

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

Phone: 850-224-4493

coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: <u>Dr. Niusha Nazar Kazemi</u> Position:	Project Director			
Address: 222 SW 36th Terrace, Gainesville FL 32607				
Telephone: 352-378-7474	extension: 20	025		
Email: nnazarkazemi@cilncf.org				
Name: <u>Dr. Tony Delisle</u> Position:				
Address: 222 SW 36th Terrace, Gainesville FL 3260	7			
Telephone: <u>352-378-7474</u>	extension:	2012		
Email: tdelisle@cilncf.org				

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust By: Allison Chase, President & CEO	Organization By: _Dr. Tony Delisle
,	Title: _Chief Executive
Date: 9/10/24	Date:



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Foundation:

Coleen Agner, HSHT State Director

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

Phone: 850-224-4493

coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Miranda Dodd	Position:	Project Coordinator
Address: 222 SW 36th Terrace, Gainesville,	FL 32607	•
Telephone: 352-229-9429		extension: N/A
Email: miranda.dodd@levyk12.org		
Name: <u>Dr. Tony Delisle</u>	Position:	Chief Executive
Address: 222 SW 36th Terrace, Gainesville,	FL 32607	
Telephone: <u>352-378-7474</u>		extension: 2012
Email: tdelisle@cilncf.org		

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The Able Trust	Organization
By: Allison Chase, President & CEO	By: Dr. Tony Delisle
Tambon Chase, Trestacin & CEC	Title: Chief Executive
Date: 9/10/24	Date: \[\frac{1}{27/2\ldot}



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Foundation:

Coleen Agner, HSHT State Director
The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Mark Yazigi	Position:	Project Coordinator	
Address: 222 SW 36 th Terrace, Gainesville FL 32607			
Telephone: <u>352-691-0694</u>		extension: N/A	
Email: Mark.Yazigi@marion.k12.fl	.us		
Name: <u>Dr. Tony Delisle</u>	Positi	ition: Chief Executive	
Address: 222 SW 36th Terrace, Gaine	esville FL 326	2607	
Telephone: <u>352-378-7474</u>		extension: 2012	
Email: tdelisle@cilncf.org			

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, 1	8
The Able Trust	Organization
By: Allison Chase, President & CEO	By: Dr. Tony Delisle
rimson chase, resident & CDC	Title: Chief Executive
Date: 9/10/24	Date: Tyl

Putnam 25-04

VIII. Insurance

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Foundation:

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Coleen Agner, HSHT State Director

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

Phone: 850-224-4493

coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Pepper Anderson Address: 222 SW 36 th Terrace, Gainesville FL 3260	_ Position: 7	Project Coordinator
Telephone: <u>386-916-5790</u>		sion: N/A
Email: <u>p2anderson@my.putnamschools.org</u>		
Name: Dr. Tony Delisle Address: 222 SW 36 th Terrace, Gainesville FL 3260		Chief Executive
Telephone: 352-378-7474	extens	sion: 2012
Email: tdelisle@cilncf.org		
This Agreement is non-transferable by Organization	unless agreed	in writing by Foundation.

The Able Trust	Organization
By: Allison Chase, President & CEO	By: Dr. Tony Delisle
Timbon emise, Trestaent & e2e	Title: Chief Executive
Date: 9/10/24	Date: 127/24

Broward North

VIII. Insurance

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Coleen Agner, HSHT State Director

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Foundation:

X.

Phone: 850-224-4493

CONTACT INFORMATION FOR ORGANIZATION:			
Name: Robert Sawyer Address: 4800 N State Road 7-Suite 102, Lauderda	Position: Project Coordinator ale Lakes, FL 33319		
Telephone: 954-547-8896	extension:		
Email: Rsawyer@cilbroward.org			
Name: Corey Hinds	Position: Chief Executive		
Address: 4800 N State Road 7-Suite 102, Lauderda	ale Lakes, FL 33319		
Telephone: 954-722-6400	extension: 125		
Email: Chinds@cilbroward.org			

This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

IN WITNESS WHEREOF, the parties have signed this Memorandum of Agreement on the dates set forth below.

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

coleen@abletrust.org

The Able Trust

By: Allison Chase, President & CEO

Date: 91024

Date: 8-19-24

Broward South 2 5-06

VIII. Insurance

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The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

Phone: 850-224-4493

coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Robert Sawyer	_ Position:	Project Coordinator	
Address: 4800 N State Road 7-Suite 102, Lauderdale Lakes, FL 33319			
Telephone: 954-547-8896	extens	sion:	
Email: Rsawyer@cilbroward.org			
Name: Corey Hinds	Position:	Chief Executive	
Address: 4800 N State Road 7-Suite 102, Lauderda	ale Lakes, FL 333	19	
Telephone: 954-722-6400	extens	sion: 125	
Email: Chinds@cilbroward.org			

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The Able Trust	Organization
By: Slin Illes	Ву:
Allison Chase, President & CEO	Title: Executive Dir/CEO
Date: 9/10/24	Date: $8-19-24$

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- B. Workers' Compensation

Coleen Agner, HSHT State Director

C. Employer's Liability (100,000/100,000/500,000 as minimum limits) or other coverage limits if established by Florida statutes.

IX. Project Management:

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

Phone: 850-224-4493

CONTACT INFORMATION FOR ORGANIZATION:
Name: Dessich Tucker Position: Project Coordinator Address: 1050 N. Davis St. Jackson 16, Fl 32209
Address: 1050 N. DAV'S St. JACKSONVILE, FI 32209
Telephone: / 964) 355-0156 extension:
Email: <u>Ftucker Oarcyacksonville</u> .org
Γ
Name: Kari Bates Position: Chief Executive
Address: 1050 N. DAVIS St., JACKS NVHLE, FI 32209
Telephone: (904) 355-0155 extension:
Email: K. Rotes Quecciackson ville ora

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

coleen@abletrust.org

The Able Trust	Organization
By: Allison Chase, President & CEO	By: Kari Bates
	Title: President (50
Date: 9/10/24	Date: 8 23 24

Duval West 25-12

VIII. Insurance

During the Agreement, including any renewals and extension, the Organization shall maintain at its expense, insurance coverage of such types and with such terms and limits as may be reasonably associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

- A. Commercial General Liability Insurance
- B. Workers' Compensation

Coleen Agner, HSHT State Director

Allison Chase, President & CEO

9/10/24

C. Employer's Liability (100,000/100,000/500,000 as minimum limits) or other coverage limits if established by Florida statutes.

IX. Project Management:

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

X.

By:

The Able Trust

Phone: 850-224-4493

CONTACT INFORMATION FOR ORGANIZATION:
Name: Jessica Tucker Position: Project Coordinator Address: 1050 N. DAVIS St. Jackson VIlle, Fl 32209
Address: 1050 N. DAVIS St. Jackson ville F1 32209
Telephone: (904) 355-0155 extension: Email: Trucker Parciacksonville, org.
Email: Ttycker Garciacksonville, org
_ ()
Name: Kari Bates Position: Chief Executive
Address: 1050 N. Davis St. Jackson ville, FL 32209
Telephone: (904) 355-0155 extension: Email: Cates Oarcy Acksonville.org
Email: KBates Oarcy Acksonville.org
σ

This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

IN WITNESS WHEREOF, the parties have signed this Memorandum of Agreement on the dates set forth below.

Organization

Title: President/CEO

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

coleen@abletrust.org

During the Agreement, including any renewals and extension, the Organization shall maintain at its expense, insurance coverage of such types and with such terms and limits as may be reasonably associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

- A. Commercial General Liability Insurance
- B. Workers' Compensation

Coleen Agner, HSHT State Director

C. Employer's Liability (100,000/100,000/500,000 as minimum limits) or other coverage limits if established by Florida statutes.

IX. Project Management:

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

Phone: 850-224-4493

Name: Josich Tucker Position: Project Coordinator

Address: 1050 N. Davis St. Jacksonville, 32209

Telephone: 1964) 355-0155 extension:

Email: Jacksonville org

Name: Lari Batos Position: Chief Executive

Address: 1050 N. Davis St. Jacksonville FL: 32209

Telephone: 1904) 355-0155 extension:

Email: Lari Batos Oarcjacksonville org

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

coleen@abletrust.org

The Able Trust	Organization
By: Allison Chase, President & CEO	By: Mentos
	Title: President CEO
Date: 9/10/24	Date: 8 23 24

Clay 25-14

VIII. Insurance

During the Agreement, including any renewals and extension, the Organization shall maintain at its expense, insurance coverage of such types and with such terms and limits as may be reasonably associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

- A. Commercial General Liability Insurance
- B. Workers' Compensation

Coleen Agner, HSHT State Director

C. Employer's Liability (100,000/100,000/500,000 as minimum limits) or other coverage limits if established by Florida statutes.

IX. Project Management:

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

Phone: 850-224-4493

CONTACT INFORMATION FOR ORGANIZATION.
Name: Jossica Tucker Position: Project Coordinator
Name: Jessica Tucker Position: Project Coordinator Address: 1050 N. DAVIS St Tacksonville F1 32209 Telephone: 904) 255-0155 extension:
Telephone: (904) 355-0155 extension: Email: Jtucker@arcjacksonville.org
Email: 1 Fucker Oare jacksonville.org
\mathcal{O}
Name: Kari Batos Position: Chief Executive Address: 1650 N. DAVIS St. JACKSONVILLE, EL 32209 Telephone: (904) 355-0155 extension: Email: KBatea Barcyacksonville.org
Address: 1650 N. DAVIS St. JACKSONVILLE, EL 32209
Telephone: (904) 355-0155 extension:
Email: KBatea Barcyacksonville org

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

CONTACT INFORMATION FOR ODCANIZATION.

coleen@abletrust.org

The Able Trust	<u>Organization</u>
By: Slus Steel	By: New Zon
Allison Chase, President & CEO	By: Keri Bates Title: Kari Bates
Date: $9/10/24$	Date: 8/23/24

Gulf 25-15

VIII. Insurance

During the Agreement, including any renewals and extension, the Organization shall maintain at its expense, insurance coverage of such types and with such terms and limits as may be reasonably associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

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- B. Workers' Compensation
- C. Employer's Liability (100,000/100,000/500,000 as minimum limits) or other coverage limits if established by Florida statutes.

IX. Project Management:

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

Coleen Agner, HSHT State Director

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

Phone: 850-224-4493

coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Kodi L	inton	Position:	Project Coord	dinator	
Address:	401 Peters Street, Port	St. Joe, FL 32	2456		
Telephone:	850-730-1440		extens	sion:	
Email:	klinton@careersources	gc.com			
Name: Kimbe	rly Bodine	Positi	on: Chief	Executive	
Address:	5230 W. US 98, Panan	na City, FL 32	2401		
Telephone:	850-913-3285	*	extens	sion:	
Email: kbodin	e@careersourcegc.com	1			

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust By: Allison Chase, President & CEO	By: Kindly & Bodine Title: Executive Director
Date: 10 8 24	Date: Myst 29, 2024

Hardee 25-16

HSHT/General Rev. 5/28/2021

VIII. Insurance

During the Agreement, including any renewals and extension, the Organization shall maintain at its expense, insurance coverage of such types and with such terms and limits as may be reasonably associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

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- B. Workers' Compensation

Coleen Agner, HSHT State Director

C. Employer's Liability (100,000/100,000/500,000 as minimum limits) or other coverage limits if established by Florida statutes.

IX. Project Management:

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

Phone: 850-224-4493

Name: Lawen Foreman Position: Project Coordinator
Address: 830 Altman Rd., Wauchwa, Fl. 33873
Telephone: 863-773-3181 extension:
Email: Horeman Wardee. LIZ. Fl. US

Name: Dist Mendoza Position: Chief Executive
Address: 830 Altman Rd., Wauchwa, Fl. 33873
Telephone: 8103-773-3181 extension:
Email: Clumendoza & Navelee. KIZ. Fl. US

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

coleen@abletrust.org

The Able Trust By: Allison Chase, President & CEO	Organization By Lamen Sprema Dot M Title: CTE Teacher
Date: 10/4/24	Date: 9/23/24

Hillsborough 25-17

associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

- A. Commercial General Liability Insurance
- B. Workers' Compensation

Coleen Agner, HSHT State Director

C. Employer's Liability (100,000/100,000/500,000 as minimum limits) or other coverage limits if established by Florida statutes.

IX. Project Management:

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

Phone: 850-224-4493

CONTACT INFORMATION FOR ORGANIZATION:
Name: Mivanda Roy Position: Project Coordinator
Address: 2735 Whithey Road Clearwater, FL 33760
Telephone: 727.348. 1681 extension: —
Email: miranda. vay@abilities.org
Name: <u>Matt mot Ko</u> Position: <u>Chief Executive</u>
Address: 2735 Whitney Road Clearwater, FL 33760
Telephone: 127.503.5200 extension: —
Telephone: 127.503.5200 extension: — Email: matthew. mot ko@abilities.org

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

coleen@abletrust.org

The Able Trust By:	Organization By:
Allison Chase, President & CEO	Title: Executive Director
Date: 9/10/24	Date: 8/8/24

associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

- A. Commercial General Liability Insurance
- B. Workers' Compensation

Coleen Agner, HSHT State Director

C. Employer's Liability (100,000/100,000/500,000 as minimum limits) or other coverage limits if established by Florida statutes.

IX. Project Management:

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

X.

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308 Phone: 850-224-4493 coleen@abletrust.org CONTACT INFORMATION FOR ORGANIZATION: Name: Mivanda Position: ____ Project Coordinator Address: 2735 whitney Road Clearwater, FZ 33760 Telephone: 727. 348.1681 extension: Email: miranda. vay @abilities. org Name: matt mot Ko Position: Chief Executive Address: 2735 Whitney Road Clearwater, FL 33760 Telephone: 727.553 extension: -Email: matthew. motko oabilities.org This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

IN WITNESS WHEREOF, the parties have signed this Memorandum of Agreement on the dates set forth below.

The Able Trust

By: Allison Chase, President & CEO

Date: 910/20

Date: 8824

associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

- A. Commercial General Liability Insurance
- B. Workers' Compensation

Coleen Agner, HSHT State Director

C. Employer's Liability (100,000/100,000/500,000 as minimum limits) or other coverage limits if established by Florida statutes.

IX. Project Management:

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

Phone: 850-224-4493

CONTACT INFORMATION FOR ORGANIZATION:		
Name: miranda Ray Position: Project Coordinator Address: 2735 Whitney Road Clearwater, Ft 33760 Telephone: 727 349 4 91 oversion:		
Address: <u>2735</u> whithey road clearwater, Fi 33760		
Telephone: 727.348.4681 extension: Email: mirarda.ray@abilities.org		
Email: mirarda.ray@abilities.org		
Name: <u>matt motko</u> Position: <u>Chief Executive</u>		
Address: <u>2735</u> whithey road clearwater, FL 33760		
Telephone: 727.503.5200 extension:		
Name: matt motko Position: Chief Executive Address: 2735 Whitney Road Clearwater, FL 33760 Telephone: 727.503.5200 extension: Email: matthew. motko@abilities.org		

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

coleen@abletrust.org

The Able Trust	<u>Organization</u>
By: Sllez Sleg	By: Mar MOZ
Allison Chase, President & CEO	Title: Executive Divector
Date: 9/10/25	Date: 8/8/24

associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

- A. Commercial General Liability Insurance
- B. Workers' Compensation
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IX. Project Management:

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

Coleen Agner, HSHT State Director
The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Juliana Hurt Position: Project Coordinator		
Address: 2351 Malabar Rd. NW, Palm Bay, FL 32907		
Telephone: 321.722.4178 extension:29143		
Email: hurt.julie@brevardschools.org		
Name: Janice Kershaw Position: Chief Executive		
Address: 2700 Judge Fran Jamieson Way, Viera, FL 32940		
Telephone: 321.633.1000 extension:11754		
Email: kershaw.janice@brevardschools.org		

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust	Organization
By: Sher	By: Qanice Kershaw
Allison Chase, President & CEO	Title: President/CEO
Date: 9/23/24	Date: _August 15, 2024

Madison 25-21

IX. Project Management:

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

Coleen Agner, HSHT State Director
The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Jodie Price	Position: Project Coordinator
Address: 210 NE DUVAL Ave	Madison FL 32340
Telephone: (850) 973-5717	extension:
Email: jodie price amasbfli	45
Name: Melinda Richie	Position: Chief Executive
Address: 210 NEDWAL AVE	Marlison FL 32340
Telephone: (850) 073-15102	extension:
Email: Melinda, richie amcsb	Flus

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust	Organization Office of the second of the se
Allison Chase, President & CEO	Title: School Board Chair
Date: 9232024	Date: September 3, 2024

Manatee 25-22

associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

- A. Commercial General Liability Insurance
- B. Workers' Compensation
- C. Employer's Liability (100,000/100,000/500,000 as minimum limits) or other coverage limits if established by Florida statutes.

IX. Project Management:

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

Coleen Agner, HSHT State Director
The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Heather Shorry	Position:	Project Coordinator	
Address: 4405 Deseto Rol.	Saversota, F	1. 34235	
Telephone: 741-355-8808	, ,	nsion:	
Email: NShowpe the hoveredge	[®] Y		
Name: Brad Jones	Position:	Chief Executive	
Address: 4405 Desoto Rd.	Sarusota	FL 34235	
Telephone: 941-355-8808	exter	nsion: 221	
Email: bjones @ thehaversry			

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust	<u>Organization</u>
By: Sluz IC	By:
Allison Chase, Président & CEO	Title: President FCEO
Date: 9(23/24	Date: 8/12/84

Sarasota 25-23

associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

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- B. Workers' Compensation
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Foundation:

Coleen Agner, HSHT State Director
The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Heather Show	Position:	Project Coordinator
Address: 4405 Dr. Soto Rd So	rasota, FT	Y1235
Telephone: 941-355-8808	extens	sion:
Email: h Show tothe Lovensquery		
Name: Brad Joses S Address: 4405 Deseto Rd	Position:	Chief Executive
Address: 4405 Dosoto Rd	Sarasota	FL 34235
Telephone: Mr-355-8808 Email: Diones of the haven sra.	extens	sion: ZZI_
Email: bionesa the haven sra.	ora	
	_)	

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust	<u>Organization</u>
By: Sty	By:
Allison Chase, President & CEO	Title: President + CEO
Date: 92324	Date: 8/12/74

Nassama 25-24 West 25-24

writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

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IX. Project Management:

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Foundation:

Coleen Agner, HSHT State Director

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

Phone: 850-224-4493

coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Nikki Wa	aters	Position: Project Coordinator	
Address: 1207	Atlandic Ave Fernandina Be		
Telephone:	904-491-9914	extension: 1214	
Email: watersje	@nassau.k12.fl.us		
Name: Kathy B	Burns	Position: Chief Executive	
Address: 1201	Atlantic Ave Fernandina Bea	ach, FL 32034	
Telephone:	904-491-9900	extension: 1202	
Email: burnska	a@nassau.k12.fl.us		

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust By:	Organization By: Pata Killy
Allison'Chase, President & CEO	Title: ESE Director
Date: 9/10/24	Date: 08/30/2024

Nassau East 25-25

HSHT/General Rev. 5/28/2021

IX. Project Management:

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

Coleen Agner, HSHT State Director

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Nikki Waters		Project Coordinator	
Address: 1207 Atlantic Ave Fernandina Beach, Fl	32034		
Telephone: 904-491-9914	exter	nsion: 1214	
Email: watersje@nassau.k12.fl.us			
Name: Kathy Burns	Position:	Chief Executive	
Address: 1201 Atlantic Ave Fernandina Beach, Ft	32034		
Telephone: 904-491-9900	exter	nsion: <u>1202</u>	
Email: burnska@nassau.k12.fl.us			

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust	<u>Organization</u>
By: Sluze Sher	By: Pata Kelly
Allison Chase, President & CEO	Title: ESE Director
Date: $9/10/24$	Date: 09/09/2029

Mioni North 2526

writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

- A. Commercial General Liability Insurance
- B. Workers' Compensation
- C. Employer's Liability (100,000/100,000/500,000 as minimum limits) or other coverage limits if established by Florida statutes.

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Foundation:

Coleen Agner, HSHT State Director

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

Phone: 850-224-4493

coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Jesus Lopez	Position:	Project	Coordinator
Address: 601 SW 8th Ave Miami FL 33130		27/2	
Telephone: 786-362-7523		extensi	on:7523
Email: <u>jlopez@miamilighthouse.org</u>			
Name: Virginia A. Jacko	Positio	n:	Chief Executive
Address: 601 SW 8th Ave Miami FL 33130		-	
Telephone: 786-362-7500	extension: 750	0	
Email: vjacko@miamilighthouse.org			

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

By: Allison Chase, President & CEO	By Desident CEO	8.C. J.L. 65
Date: 91024	Date: 8 20 24	

Miami South 25-27

HSHT/General Rev. 5/28/2021

writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

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Foundation:

Coleen Agner, HSHT State Director

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

Phone: 850-224-4493

coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Jesus Lopez	Po	sition:	Project Coordinator	
Address: 601 SW 8th Ave Miami FL 33130		8	•	
Telephone: <u>786-362-7523</u>			extension: 7523	
Email: jlopez@miamilighthouse.org				_
Name: Virginia A. Jacko	Position:	Chie	f Executive	
Address: 601 SW 8 th Ave Miami FL 33130				_
Telephone: 786-362-7500			extension: 7500	
Email: vjacko@miamilighthouse.org				

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust By: Allison Chase, President & CEO	By: Resident and CFO
Date: 9 10 24	Date: 8 20 24

Palm Beach 25.28

HSHT/General Rev. 5/28/2021

associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

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- B. Workers' Compensation
- C. Employer's Liability (100,000/100,000/500,000 as minimum limits) or other coverage limits if established by Florida statutes.

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Foundation:

Coleen Agner, HSHT State Director

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

Phone: 850-224-4493

coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Lisa Ri	chards	Position: Pro	oject Coordinator	
Address:	1715 East Tiffany Dr.,	West Palm Beach, F.	L 33407	
Telephone:	561-777-8006		extension:	
Email:	lrichards@careeracade	mypb.org		
Name: Karen	Davidson	Position:	Chief Executive Officer	ř
Address:	1715 East Tiffany Dr.,	West Palm Beach, F.	L 33407	
Telephone:	561-848-7200	extension: 3281		
Email: kdavid	son@goggi.org		_	

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust	Organization
By: Allison Chase, President & CEO	Ву:
Amson Chase, President & CEO	Title: Prusident 4 CEO
Date: 9/10/24	Date: 8/21/2024

Leon 25-29

VIII. <u>Insurance</u>

During the Agreement, including any renewals and extension, the Organization shall maintain at its expense, insurance coverage of such types and with such terms and limits as may be reasonably associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

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- B. Workers' Compensation

Coleen Agner, HSHT State Director

C. Employer's Liability (100,000/100,000/500,000 as minimum limits) or other coverage limits if established by Florida statutes.

IX. Project Management:

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

Phone: 850-224-4493

CONTACT INFORMATION FOR ORGANIZATION.
Name: Jay Brown Position: Project Coordinator Address: 1823 By ord Ct. Tallahassee, K. 32368
Telephone; 850 575-962 extension:
Email: jaybrown @abilityst.info
Name: Mandy Bianchi Position: Chief Executive
Address: 1823 Bytord Court Tallangsse (2 32308
Telephone: (850) 575-962 extension:
Email: mandy bianchicabilitylot. info

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

CONTACT INFORMATION FOR ORGANIZATION.

coleen@abletrust.org

The Able Trust	Organization
By: Allian Chara Provident & CEO	By: MMley Sianhi
Allison Chase, President & CEO	Title: Executive Director
Date: 10/25/24	Date: 8/3/24

Wakulla 25.30

VIII. Insurance

During the Agreement, including any renewals and extension, the Organization shall maintain at its expense, insurance coverage of such types and with such terms and limits as may be reasonably associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

- A. Commercial General Liability Insurance
- B. Workers' Compensation

Coleen Agner, HSHT State Director

C. Employer's Liability (100,000/100,000/500,000 as minimum limits) or other coverage limits if established by Florida statutes.

IX. Project Management:

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

Phone: 850-224-4493

Tai Dia 30
Name: Position: Project Coordinator
Address: 1823 Burnd Court Tallanassees to 32308
Telephone: (85) 575 - 962 extension:
Email: jay brown Cability St. into
Name: Mandy Planch Position: Chief Executive
Address: 1823 Bytord Court tallahassee, 12 32308
Telephone: (850) $575 - 9(62)$ extension:
Email: mandy bianchicability 1st, info

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

CONTACT INFORMATION FOR ORGANIZATION:

coleen@abletrust.org

The Able Trust	Organization
By: flly slee	By: Many Bianch
Allison Chase, President & CEO	Title: Executive Director
Date: 1925/24	Date: $\frac{9(3)/24}{}$

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During the Agreement, including any renewals and extension, the Organization shall maintain at its expense, insurance coverage of such types and with such terms and limits as may be reasonably associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

A. Commercial General Liability Insurance

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

B. Workers' Compensation

Coleen Agner, HSHT State Director

Allison Chase, President & CEO

C. Employer's Liability (100,000/100,000/500,000 as minimum limits) or other coverage limits if established by Florida statutes.

IX. **Project Management:**

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

below.

The Able Trust

	Phone: 850-224-4493 coleen@abletrust.org
	CONTACT INFORMATION FOR ORGANIZATION:
	Name: Ebru Saudgrass Position: Project Coordinator Mu huell Address: TRAIL Program 1425 Rymfire Dr. Poly Coast, FL 32164 Telephone: (386) 446-6742 extension: 5221 Email: snodgrasse@flagleschools.com
	Name: Teresa Rizzo Position: Chief Executive Address: 1769 Fast Mooch Bldy. #2 Bunnell, FL 32110 Telephone: (386) 437 - 752L extension: Email: rizzot@flaglesschools.com
X.	This Agreement is non-transferable by Organization unless agreed in writing by Foundation.
IN V	VITNESS WHEREOF, the parties have signed this Memorandum of Agreement on the dates set forth

Organization

Date:

Teresa

09/18/2024

Title: Executive Director



associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

- A. Commercial General Liability Insurance
- B. Workers' Compensation
- C. Employer's Liability (100,000/100,000/500,000 as minimum limits) or other coverage limits if established by Florida statutes.

IX. Project Management:

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

Coleen Agner, HSHT State Director
The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: <u>Lisa D</u>)rew	Position:	Project Coordinator
Address:	1715 E Olive Rd, Pensacola, FL 325	14	
Telephone: _	850-696-1174	extens	ion:
Email: Idrew(@goodwillgc.org		
Name: Frank	Harkins	Position:	Chief Executive
Address:	2440 Gordon Smith Dr, Mobile AL	36617	
Telephone:	251-380-7182	extens	ion:
Email: <u>frank@</u>	vgoodwillgc.org		

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust	Organization
By: Slus Slug	By: Xam Klumy
Allison Chase, President & CEO	Title: Pres/CEO
Date: _ 9/10/24	Date: 8.19.24

Okaloosa 25-33

Position: Project Coordinator

associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

- A. Commercial General Liability Insurance
- B. Workers' Compensation
- C. Employer's Liability (100,000/100,000/500,000 as minimum limits) or other coverage limits if established by Florida statutes.

IX. Project Management:

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

Name: Lisa Drew

Coleen Agner, HSHT State Director
The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Address: 1715 E Olive Rd, Pensacola FL 32514

	Telephone:	850-696-1174		extensi	on:
	Email: <u>ldrew@</u>	goodwillgc.org			
	Name: Frank	Harkins 2440 Gordon Smith Dr, Mo	Positio	on:	Chief Executive
	Section 19 Section 19	251-380-7182		extensi	on:
	•	frank@goodwillgc.org			
X. IN WI		nt is non-transferable by Org			in writing by Foundation. greement on the dates set forth below.
The Al	ble Trust	-	Organization		11. 1
Ву:	Allison Chase	President & CEO	By:	My Jour	1Chhus 1CEO
Date:	9/10/	24	Date:	. 19	. 24

associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

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- C. Employer's Liability (100,000/100,000/500,000 as minimum limits) or other coverage limits if established by Florida statutes.

IX. Project Management:

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

Coleen Agner, HSHT State Director

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

Phone: 850-224-4493

coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Keri Flynn	Position:	Projec	t Coordinator	
Address: 901 N. Lake Destiny Rd. Suite 400,	Maitland, FL	32751		
Telephone: 407-921-2216			extension: N/A	
Email: Keri.Flynn@FPOCF.org				
Name: Phil Scarpelli	Positio	on:	Chief Executive	
Address: 389 Commerce Parkway Suite 120,	Rockledge, Fl	L 3295	5	
Telephone: <u>321-752-4650</u>		extens	ion: 3064	
Email: Phil.Scarpelli@FPOCF.org				
•				

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust	Organization
By: Allison Chase, President & CEO	By: Samuel.
*	Title: President/CEO
Date: 10 4 24	Date: August 29, 2024

Sylvannee 25-35

HSHT/General Rev. 5/28/2021

associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

- A. Commercial General Liability Insurance
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- C. Employer's Liability (100,000/100,000/500,000 as minimum limits) or other coverage limits if established by Florida statutes.

IX. Project Management:

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

9/25/24

Coleen Agner, HSHT State Director
The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

	Name: Regina Martin	Position:	Project Coordinator
	Address: 705 E Base Street, Madison, FL 32340		
	Telephone: 850-973-9675	extens	sion:
	Email: regina.martin@careersourcenorthflorida.com	n	
	Name: Diane Head	_ Position:	Chief Executive
	Address: 705 E. Base Street, Madison, FL 32340		
	Telephone: 850-973-7219	extens	sion:
	Email: diane.head@careersourcenorthflorida.com		
X.	This Agreement is non-transferable by Orga	nization unles	s agreed in writing by Foundation.
N WI	TNESS WHEREOF, the parties have signed	this Memorand	dum of Agreement on the dates set forth below.
The A	ble Trust	Organization	<u>n</u>
By:	Slusles	By: Diane	tod Die
	Allison Chase, President & CEO		
		Title: Exectuiv	ve Director

Date: 8/23/24

Orange h 25-36

associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

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IX. Project Management:

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

Coleen Agner, HSHT State Director
The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

E E H
Name: Franco trazzetta Position: Project Coordinator
Address: 1600 E Kaley Ave Orlando P1 32800
Address: 1000 E Caley Ave Orlando Al 32804 Telephone: 407-897.6480 extension: 203, 25\$8 Email: Franco. Frazzetta e caps. Not
Email: traveo, trazzetta o cops, not
Name: Leigh Hustm Position: Chief Executive
Name: Leigh Austra Position: Chief Executive Address: 1600 E Karby Ale Orlando FT 32806
Telephone: 407-897-6420 extension:
Email: / Righ, austra@aces, net

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust	Organization
By: Sluzby	By: Sotto Bewy
Allison Chase, President & CEO	Title: Mesident
Date: 10(25/24	Date: 08-30-2024

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HSHT/General Rev. 5/28/2021

associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

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IX. Project Management:

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

Coleen Agner, HSHT State Director
The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT	INFORMA	TION FOD	ORGANIZA	TION
CONTACT			UNGAME	TION

Name: Marco Fraggetta Position: Project Coordinator
Address: 1600 EKgley Ave, Orlando &
Telephone: 407-897-6420 extension:
Email: Moreo. Prazzetta Occps, net
·
Name: Ligh Austra Position: Chief Executive
Address: 1600 E Keyley Orlando PI
Telephone: 407 R9-6420 extension:
Email: 1 ext. austing ocps, no t

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust	Organization
By: Slige	By: Store Stower
Allison Chase, President & CEO	Title: President
Date: 10 25 24	Date: 08-30-2024

associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

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IX. Project Management:

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

Coleen Agner, HSHT State Director

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

Phone: 850-224-4493

coleen@abletrust.org

CONTACT	INFORMATION FOR	ODCANIZATION.
CUNTACT	INFORMATION FOR	OKGANIZATION:

Name: Franco France He Position: Project Coordinator Address: 1000 E Kaley Ap Orlando Fr Telephone: 407-897-6480 extension: Email: Naveo, Tro 22e How Ocps not
Address: 1000 E Kaley Ap Orlando F1
Telephone: 407-897 - 6480 extension:
Email: Traves, fro 22etto@ ocps not
Name: Ork Austra Position: Chief Executive
Address: 1000 E. Kaley Ap Orlando Al
Telephone: 407-897-6420 extension:
Email: USh austrascops rot

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust	Organization
By. Suc	By: Sotto Sower
Allison Chase, President & CEO	Title: Mesident
Date: 10/25/24	Date: 08-30-2024

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Foundation:

Coleen Agner, HSHT State Director
The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Angelica Gomez	Position: Project Coordinator	
Address:		
Telephone: 352-242-2080	extension:	
Email: Gomeza@Jake.k12	. El. us	
	5 II 6II 65	
Name: CARMAN CULIEN	Position: Chief Executive	
Address: 2045 Pruitt St.	Leesburg, FL 34748	
Telephone: 352-324-1245	extension:	
Fmail: Cullen-batte @ lake	. 417 flus	

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust	Organization
By: Allie Distriction	By:
Allison Chase, President & CEO	Title: ED
Date: 9110/24	Date: 9/26/24

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HSHT/General Rev. 5/28/2021

During the Agreement, including any renewals and extension, the Organization shall maintain at its expense, insurance coverage of such types and with such terms and limits as may be reasonably associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

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IX. Project Management:

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

Coleen Agner, HSHT State Director
The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: ASMYN WAVA	Position: _	Project Coordinator	
Address: 11/8 Magnolia Ave	P.C. FL	32401	1
Telephone: 850 890 3985	exte	ension:	
Email: Wardan @ pay. K12. F1.	15		
Name: CYNTHIA MC (auty)	Position: _	Chief Executive	
Address: 11/8 Magnolia Ave, P.	C.FL:	32401	
Telephone: 850 185 5054	exte	ension:	
Email: MCCAUCA @ Way, K12, f	1. VS		

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust	Organization
By: Allison Chase, President & CEO	By: Colle Mc Can Cee
	Title:
Date: 9/23/24	Date: 8/19/24

Volusia 25-41

associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

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IX. Project Management:

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Foundation:

Coleen Agner, HSHT State Director

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

Phone: 850-224-4493

coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name:	Eleeta Sue Hopkins	Position:	Project Coordinator	
	1290 Herbert Street		•	
Telephone: _	386-255-6475		extension: 33265	
Email:	(%)			
Name: <u>Jaco</u>	quese Copeland	Position:	Chief Executive	
Address: 129	0 Herbert Street, Port	Orange, FL 32	129	
Telephone: 3	86-255-6475	extension: 3	3281	
Email:				

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

By: Allison Chase, President & CEO	Organization By: Trequest Copilard Title: Executive Director
Date: 9/13/24	Date: 9/6/24

Desoto 25-42

HSHT/General Rev. 5/28/2021

associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

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Foundation:

Coleen Agner, HSHT State Director

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

Phone: 850-224-4493

coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name:	Clara Muniz	Position:	Project Coordinator	
Address:	1710 E. Gibson St., Arca	dia, FL 34266		
Telephone: 86	3-494-3434			
Email: clara.m	nuniz@desotoschools.com	<u>1</u>		
	_			
Name:	Christina McCray Po	osition: <u>Chi</u> e	f Executive	
	Christina McCray Po 494 N. Manatee Ave, Ar		ef Executive	
	494 N. Manatee Ave, Ar		ef Executive	

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The A	ble Trust	Organization / /
Ву:	Allisaber	By: Suf-15
_	Allison Chase, President & CEO	· V
		Title: Superintendent
Date:	9/10/24	Date: 09 69 2024
	· • •	·

associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

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- C. Employer's Liability (100,000/100,000/500,000 as minimum limits) or other coverage limits if established by Florida statutes.

IX. Project Management:

The Foundation and the Organization designate their respective representatives, identified below for program reporting, coordination, communication, and management of the Project.

Foundation:

Coleen Agner, HSHT State Director

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

Phone: 850-224-4493

coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Shannar	n Combee	Position:	Project Coordinator	
Address:1530 SI	numate Drive - Bartow, 33830	0		
Telephone: 863-534	4-0519	extens	ion: x209	
Email: Shanna	n.combee@polk-fl.net			
Name: Tracy P	orter	Position:	Executive Director	
Address: 1530 Sh	numate Drive - Bartow, 33830	0		
Telephone: 863-534	4-0519	extensi	ion:	
Email: Tracy.p	orter@polk-fl.net		_	

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust	Organization
By: Allison Chase, President & CEO	Ву:
Amison Chase, President & CEO	Title: Tracy Porter, Executive Director
Date: 91/10/24	Date: <u>8/27/24</u>

Polk Fast 25-44

associated with the Agreement. Evidence of such insurance shall be provided to the Foundation in writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required:

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Foundation:

Coleen Agner, HSHT State Director

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

Phone: 850-224-4493

coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name:	Shannan Combee	Position:	Project Coordinator	
Address:	1530 Shumate Drive – Bartow,	33830	-	
Telephone: _	863-534-0519	exten	sion: x209	
Email:	Shannan.combee@polk-fl.net			
	0.			
Name:	Tracy Porter	Position:	Executive Director	
Address:	1530 Shumate Drive – Bartow,	33830		
Telephone: _	863-534-0519	exten	sion:	
Email:	Tracy.porter@polk-fl.net			

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust	Organization
By: Ster Ster	Ву:
Allison Chase, President & CEO	Title: Tracy Porter, Executive Director
Date: 9/10/24	Date: 8/27/24

writing from the covering insurance company, within 30 days of the effective date of the Agreement. The following types of insurance are required.

- A. Commercial General Liability Insura
- B. Workers' Compensation
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Foundation:

Coleen Agner, HSHT State Director

The Able Trust 1709 Hermitage Blvd, Suite 100, Tallahassee, FL 32308

Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Julie Brecher Address: 1005 S. Highland Avenue, Clearwater, FL		Project Coordinat	Development Director
Telephone: _727-258-7659	extensio	n: 1154	
Email: jbrecher@liftfl.org			
Name: Matt Spence		Chief Executive	Executive Director
Address: 1005 S. Highland Avenue, Clearwater, FL	33756		
Telephone: 727-258-7659	extensio	n: 1151	
Email: mspence@liftfi.org			

X. This Agreement is non-transferable by Organization unless agreed in writing by Foundation.

The Able Trust	<u>Organization</u>
By: Allison Chase, President & CEO	By: Moto 35
	Title: Executive Director
Date: 9/10/25/	Date: August 14, 2024