27-01 Alachua

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 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Mika Vuto Position: Project Coordinator
Address: 222 SW 36th Terrace, Gainesville, FL 32607
Telephone: 352-378-7474 extension: 2056
Email: mvuto@cilncf.org

Name: Amy Feutz Position: Chief Executive
Address: 222 SW 36th Terrace, Gainesville, FL 32607
Telephone: 352-378-7474 extension: 2017
Email: afeutz@cilncf.org

X. 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: 9/17/24

Organization

By: _____
Amy Feutz
Title: Executive Director

Date: 09/09/2026

27.02 Levy

Updated June 2026

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 2039 Centre Pointe Blvd, Suite 101, 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:
Email: miranda.dodd@levyk12.org

Name: Amy Feutz Position: Chief Executive
Address: 222 SW 36th Terrace, Gainesville, FL 32607
Telephone: 352-378-7474 extension: 2017
Email: afeutz@cilncf.org

X. 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: 9/17/24

Organization

By: _____
Amy Feutz
Title: Executive Director

Date: 09/09/2026

27-03 Levy

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 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Mark Yazigi Position: Project Coordinator
Address: 222 SW 36th Terrace, Gainesville, FL 32607
Telephone: 352-691-0694 extension: n/a
Email: mark.yazigi@marion.k12.fl.us

Name: Amy Feutz Position: Chief Executive
Address: 222 SW 36th Terrace, Gainesville, FL 32607
Telephone: 352-378-7474 extension: 2017
Email: afeutz@cilncf.org

X. 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: 9/17/26

Organization

By: _____
Amy Feutz
Title: Executive Director

Date: 09/09/2026

27-04 Putnam

Updated June 2026

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 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Pepper Anderson Position: Project Coordinator
Address: 222 SW 36th Terrace, Gainesville, FL 32607
Telephone: 386-937-3224 extension: N/A
Email: p2anderson@my.putnamschools.org

Name: Amy Feutz Position: Chief Executive
Address: 222 SW 36th Terrace, Gainesville, FL 32607
Telephone: 352-378-7474 extension: 2017
Email: afeutz@cilncf.org

X. 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: 9/17/24

Organization

By: _____
Amy Feutz
Title: Executive Director

Date: 09/09/2026

27-05 Broward Central

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 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Brian Johnson Position: Project Coordinator
Address: 4800 N State Road 7 F102, Fort Lauderdale, FL 33319
Telephone: 954-722-6400 extension: 135
Email: bjohnson@cilbroward.org

Name: Corey Hinds Position: Chief Executive
Address: 4800 N State Road 7 F102, Fort Lauderdale, FL 33319
Telephone: 954-722-6400 extension: 125
Email: chinds@cilbroward.org

X. 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: 9/17/24

Organization

By: _____

Title: _____

Date: _____

27-06 Broward North

Updated June 2026

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 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Brian Johnson Position: Project Coordinator
Address: 4800 N State Road 7 F102, Fort Lauderdale, FL 33319
Telephone: 954-722-6400 extension: 135
Email: bjohnson@cilbroward.org

Name: Corey Hinds Position: Chief Executive
Address: 4800 N State Road 7 F102, Fort Lauderdale, FL 33319
Telephone: 954-722-6400 extension: 125
Email: chinds@cilbroward.org

X. 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: 9/17/24

Organization

By: _____

Title: _____

Date: _____

27-07 Broward South

Updated June 2026

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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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 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Brian Johnson Position: Project Coordinator
Address: 4800 N State Road 7 F102, Fort Lauderdale, FL 33319
Telephone: 954-722-6400 extension: 135
Email: bjohnson@cilbroward.org

Name: Corey Hinds Position: Chief Executive
Address: 4800 N State Road 7 F102, Fort Lauderdale, FL 33319
Telephone: 954-722-6400 extension: 125
Email: chinds@cilbroward.org

X. 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: 9/17/24

Organization

By: _____

Title: _____

Date: _____

27-08 Martin

Updated June 2026

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 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Jennifer Langlois Position: Project Coordinator
Address: 1939 SE Federal Hwy, Stuart FL 34994
Telephone #: 772-219-1200 extension: 30480
Email: Langloj@martinschools.org

Name: Wilma Almestica-Sanchez Position: Director of Exceptional Student Education
Address: 1939 SE Federal Hwy, Stuart FL 34994
Telephone#: 772-219-1200 extension: 30406
Email: almestw@martinschools.org

X. 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: 9/10/24

Organization

By: _____
Michael Maine

Title: Superintendent

Date: 9.9.26

27-09 Okeechobee

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
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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 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Katherine Craddock Position: Project Coordinator
Address: 3541 US HWY 441 S. PMB#328 Okeechobee, Fl 34974
Telephone: 772-214-9613 extension:
Email: katherine@edfoundationofokee.org

Name: Alaina Barron Position: Chief Executive
Address: 3541 US HWY 441 S. PMB#328 Okeechobee, Fl 34974
Telephone: 863-697-3471 extension:
Email: alaina@edfoundationofokee.org

X. 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: 9/10/26

Organization

By: _____

Title: CEO

Date: 9/9/2026

 Dixie 27-10

Updated June 2026

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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IX. Project Management:

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Foundation:

Coleen Agner, HSHT State Director
The Able Trust 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Mari-Michzel Smith Position: Project Coordinator
Address: P O Box 1180 Cross City, FL 32628
Telephone: 352-356-1551 extension:
Email: mari-michaelsmith@dixie.k12.fl.us

Name: Carol M. West, Presidenn Position: Chief Executive
Address: 99 NE 121st Avenue Cross City, FL 32-28
Telephone: 352-498-1238 extension:
Email: cmckwest@bellsouth.net

1

X. 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: 9/30/2024

Organization

By: Carol M. West

Title: DKF Inc President

Date: 9/28/2024

27-11 Duval East

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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Coleen Agner, HSHT State Director
The Able Trust 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Amanda Engels Position: Project Coordinator
Address: 1050 N. Davis St. Jacksonville FL 32209
Telephone: 740-610-1754 extension:
Email: aengels@arcjacksonville.org

Name: Kari Bates Position: Chief Executive
Address: 1050 N Davis St, Jacksonville Fl 32209
Telephone: Kbates@arcjacksonville.org extension:
Email: 904 355 0155

X. 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: 9/10/26

Organization

By: Kari Bates

Title: President/CEO

Date: 9/3/26

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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Coleen Agner, HSHT State Director
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Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Amanda Engels Position: Project Coordinator
Address: 1050 N. Davis St. Jacksonville FL 32209
Telephone: 740-610-1764 extension:
Email: aengels@arcjacksonville.org

Name: Kari Bates Position: Chief Executive
Address: 1050 Davis St. Jacksonville FL 32209
Telephone: 904.355.0155 extension:
Email: kbates@arcjacksonville.org.

X. 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: 9/10/26

Organization

By: Kari Bates

Title: President / CEO

Date: 9/3/26

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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Coleen Agner, HSHT State Director
The Able Trust 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Amanda Engels Position: Project Coordinator
Address: 1050 N. Davis St. Jacksonville FL 32209
Telephone: 740-610-1754 extension:
Email: aengels@arcjacksonville.org

Name: Kari Bates Position: Chief Executive
Address: 1050 N. Davis St.
Telephone: 904.355.0155 extension:
Email: kbates@arcjacksonville.org

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The Able Trust

By: _____
Allison Chase, President & CEO

Date: 9/10/26

Organization

By: _____

Title: President/CEO

Date: 9/3/26

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 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Amanda Engels Position: Project Coordinator
Address: 1050 N. Davis St. Jacksonville FL 32209
Telephone: 740-610-1754 extension:
Email: aengels@arcjacksonville.org

Name: Kavi Bates Position: Chief Executive
Address: 1050 N. Davis St Jacksonville FL 32209
Telephone: 904·355·0155 extension:
Email: Kbates@arcjacksonville.org

X. 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: 9/10/26

Organization

By: Kavi Bates

Title: President/CEO

Date: 9/3/26

27-15 Career Source Gulf Coast
27-15 Gulf

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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IX. Project Management:

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Foundation:

Coleen Agner, HSHT State Director
The Able Trust 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Kodi Linton Position: Project Coordinator
Address: mailing 5230 W. US Hwy 98, Panama City, FL 32401
Telephone: 850 extension:
Email: klinton@careersourcegc.com

Name: Kimberly L. Bodine Position: Chief Executive
Address: 5230 W. US Hwy 98, Panama City, FL 32401
Telephone: 850-913-3284 extension:
Email: kbodine@careersourcegc.com

X. 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: 9/10/24

Organization

By: Kimberly L. Bodine

Title: Executive Director

Date: 9/2/26

Updated June 2026

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.

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Foundation:

Coleen Agner, HSHT State Director
The Able Trust 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Lauren Foreman Position: Project Coordinator
Address: 830 Altman Rd., Wauchula, FL 33873
Telephone: 863-773-3181 extension:
Email: lforeman@hardee.k12.fl.us

Name: Travis Tubbs Position: Chief Executive
Address: 830 Altman Rd Wauchula FL 33873
Telephone: 773-3181 extension:
Email: ttubbs@hardee.k12.fl.us

X. 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: 9/10/26

Organization

By: Lauren Foreman

Title: CTE Teacher/HSHT Coordinator/Principal

Date: 9/2/26

27-17 Hillsborough

Updated June 2026

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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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 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Miranda Ray Position: Project Coordinator
Address: 2735 Whitney Road, Clearwater, FL 33760
Telephone: 727-348-1681
Email: miranda.ray@abilities.org

Name: Matthew J. Motko Position: Chief Executive
Address: 2735 Whitney Road, Clearwater, FL 33760
Telephone: 727-600-8921
Email: matthew.motko@abilities.org

X. 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: 9/10/26

Organization

By: Matthew Motko

Title: Senior Executive Director

Date: 9/2/26

27-18 PASCO

Updated June 2026

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 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Miranda Ray Position: Project Coordinator
Address: 2735 Whitney Road, Clearwater, FL 33760
Telephone: 727-348-1681
Email: miranda.ray@abilities.org

Name: Matthew J. Motko Position: Chief Executive
Address: 2735 Whitney Road, Clearwater, FL 33760
Telephone: 727-600-8921
Email: matthew.motko@abilities.org

X. 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: 9/10/26

Organization

By: Matthew Motko

Title: Senior Executive Director

Date: 9/2/26

27-19 Pinellas

Updated June 2026

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 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Miranda Ray Position: Project Coordinator
Address: 2735 Whitney Road, Clearwater, FL 33760
Telephone: 727-348-1681
Email: miranda.ray@abilities.org

Name: Matthew J. Motko Position: Chief Executive
Address: 2735 Whitney Road, Clearwater, FL 33760
Telephone: 727-600-8921
Email: matthew.motko@abilities.org

X. 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: 9/10/26

Organization

By: Matthew Motko

Title: Senior Executive Director

Date: 9/2/26

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:

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Foundation:

Coleen Agner, HSHT State Director
The Able Trust 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Emma Spitler Position: Project Coordinator
Address: 2351 Malabar Rd. NW, Palm Bay, FL 32907
Telephone: 321.722.4178 extension: 29013
Email: spitler.emma@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.

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: 9/30/2026

Organization

By: *Janice Kershaw*

Title: President/CEO

Date: September 10th, 2026

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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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 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Nabile Amar, Project Coordinator
Address: 421 Big Cedar Way, Brandon, FL 33510

Phone: 813 873 7031 nabile.amar@hcps.net

Name: Shannon Lesperance, ESE General Director
Address: 421 Big Cedar Way, Brandon, FL 33510

Phone: 813-273-7025 shannon.lesperance@hcps.net

X. 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 S. Chase
Allison Chase, President & CEO

Date: October 8, 2026

Organization

By: Van Ayres
Van Ayres, Superintendent

Date: 10/14/26

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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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 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Nabile Amar, Project Coordinator
Address: 421 Big Cedar Way, Brandon, FL 33510

Phone: 813 873 7031 nabile.amar@hcps.net

Name: Shannon Lesperance, ESE General Director
Address: 421 Big Cedar Way, Brandon, FL 33510

Phone: 813-273-7025 shannon.lesperance@hcps.net

X. 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 S. Chase
Allison Chase, President & CEO

Date: October 8, 2026

Organization

By: Van Ayres
Van Ayres, Superintendent

Date: 10-14-26

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 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Lisa Roderick Position: Project Coordinator
Address: 210 NE Duval Ave
Telephone: 850-973-1583 extension:
Email: lisa.roderick@gmail.com

Name: Karen Pickles, Ph.D. Position: Chief Executive
Address: 210 NE Duval Ave
Telephone: 850-973-5022 extension:
Email: karen.pickles@mcsbfl.us

X. 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: 9/30/26

Organization

By: _____

Title: Board Chair

Date: 9/8/2026

27-24 Nassau West

Updated June 2026

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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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 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Jessica N Waters Position: Project Coordinator
Address: 1207 Atlantic Ave Fernandina Beach Fl 32034
Telephone: 904-491-9914 extension: 1214
Email: watersje@nassau.k12.fl.us

Name: Dr. Kathy Burns Position: Chief Executive
Address: 1201 Atlantic Ave Fernandina Beach Fl 32034
Telephone: 904-491-9900 extension: 1202
Email: burnska@nassau.k12.fl.us

X. 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: 9/10/24

Organization

By: _____

Title: ESE Director

Date: 9/4/2026

27-25 Nassau East

Updated June 2026

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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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 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Jessica N Waters Position: Project Coordinator
Address: 1207 Atlantic Ave. Fernandina Beach Fl 32034
Telephone: 904-491-9914 extension: 1214
Email: watersje@nassau.k12.fl.us

Name: Dr. Kathy Burns Position: Chief Executive
Address: 1201 Atlantic Ave Fernandina Beach Fl 32034
Telephone: 904-491-9900 extension: 1202
Email: burnska@nassau.k12.fl.us

X. 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: 9/10/26

Organization

By: _____

Title: ESE Director

Date: 9/4/2026

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 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Lisa Richards Position: Project Coordinator
Address: 1715 E. Tiffany Dr., West Palm Beach, FL 33407
Telephone: 561-214-3162 extension:
Email: lrichards@careeracademypbc.org

Name: Karen Davidson Position: Chief Executive
Address: 1715 E. Tiffany Dr., West Palm Beach, FL 33407
Telephone: 561-848-7200 extension: 3281
Email: Kdavidson@goggi.org

X. 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: 9/10/24

Organization

By: _____

Title: CEO

Date: 8/3/2026

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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IX. Project Management:

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Foundation:

Coleen Agner, HSHT State Director
The Able Trust 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Betty Proctor Position: Project Coordinator
Address: 1823 Buford Court Tallahassee, FL 32308
Telephone: (850) 575-9621 extension:
Email: mandyb@nfcil.org

Name: Mandy Bianchi Position: Chief Executive
Address: 1823 Buford Court Tallahassee, FL 32308
Telephone: (850) 575-9621 extension:
Email: mandyb@nfcil.org

X. 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: 9/20/2024

Organization

By: Mandy Bianchi

Title: Executive Director

Date: 9/14/26

27-28 Wakulla

Updated June 2026

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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IX. Project Management:

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Foundation:

Coleen Agner, HSHT State Director
The Able Trust 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Betty Proctor/ Sharon Scherbarth Position: Project Coordinator
Address: 1823 Buford Court Tallahassee, FL 32308
Telephone: (850) 575-9621 extension:
Email: bettyp@nfcil.org/sharon.scherbarth@wcsb.us

Name: Mandy Bianchi Position: Chief Executive
Address: 1823 Buford Court Tallahassee, FL 32308
Telephone: (850) 575-9621 extension:
Email: mandyb@nfcil.org

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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: 9/30/26

Organization

By: Mandy Bianchi

Title: Executive Director

Date: 9/14/26

27-29 Flagler North

Updated June 2026

VIII. Insurance

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Foundation:

Coleen Agner, HSHT State Director
The Able Trust 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Ebru Snodgrass Position: Project Coordinator
Address: 1769 E. Moody Blvd. Building #2 Bunnell, FL 32110
Telephone: (386) 446-6742 extension: 1400
Email: snodgrasse@flaglerschools.com

Name: Teresa Rizzo Position: Chief Executive
Address: 1769 E. Moody Blvd. Building #2 Bunnell, FL 32110
Telephone: (386) 437-7526 extension: 1125
Email: rizzot@flaglerschools.com

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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: 9/10/26

Organization

By: _____

Title: Executive Director

Date: 9-4-26

Updated June 2026

VIII. Insurance

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

CONTACT INFORMATION FOR ORGANIZATION:

Name: Ebru Snodgrass Position: Project Coordinator
Address: 1769 E. Moody Blvd. Building #2 Bunnell, FL 32110
Telephone: (386) 446-6742 extension: 1400
Email: snodgrasse@flaglerschools.com

Name: Teresa Rizzo Position: Chief Executive
Address: 1769 E. Moody Blvd. Building #2 Bunnell, FL 32110
Telephone: (386) 437-7526 extension: 1125
Email: rizzot@flaglerschools.com

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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: 9/10/24

Organization

By: _____

Title: Executive Director

Date: 9-4-26

27-31 Orange North

VIII. Insurance

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Coleen Agner, HSHT State Director
The Able Trust 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Franco Frazzetta Position: Project Coordinator
Address: 1600 E. Kaley Ave. Orlando, Fl
Telephone: 407-897-6420 extension:
Email: franco.frazetta@ocps.net

Name: Leigh Austin Position: Chief Executive
Address: 1600 E Kaley Ave, Orlando, Fl
Telephone: 407-897-6420 extension:
Email: leigh.austin@ocps.net

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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: 10/07/26

Organization

By: _____

Title: President, Foundation for Orange County Public Schools

Date: 9/18/2026

27-32 Orange East.

VIII. Insurance

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The Able Trust 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Franco Frazzetta Position: Project Coordinator
Address: 1600 E Kaley Ave Orlando FL
Telephone: 407-897-6420 extension:
Email: franco.frazzetta@ocps.net

Name: Leigh Austin Position: Chief Executive
Address: 1600 E Kaley Ave Orlando FL
Telephone: 407-897-6420 extension:
Email: leigh.austin@ocps.net

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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: 10/07/26

Organization

By: _____

Title: President, Foundation for Orange County Public Schools

Date: 9/18/2026

27-33 Orange West.

VIII. Insurance

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The Able Trust 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Franco Frazzetta Position: ~~Project Coordinator~~
Address: 1600 E Kaley Ave Orlando FL
Telephone: 407-897-6420 extension:
Email: franco.frazzetta@ocps.net

Name: Leigh Austin Position: ~~Chief Executive~~
Address: 1600 E. Kaley Ave Orlando FL
Telephone: 407-897-6420 extension:
Email: leigh.austin@ocps.net

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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: 10/07/26

Organization

By: Scott D. Howard

Title: President, Foundation for Orange County Public Schools

Date: 9/18/2026

27-34 Lake

Updated June 2026

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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Foundation:

Coleen Agner, HSHT State Director
The Able Trust 2039 Centre Pointe Blvd, Suite 101, 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@lake.k12.fl.us

Name: Dr. Elizabeth Johnson Position: Chief Executive
Address: 2045 Pruitt St., Leesburg, FL 34748
Telephone: 352-326-1265 extension: _____
Email: johnsone10@lake.k12.fl.us

X. 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: 9/10/26

Organization

By: Elizabeth M. Johnson

Title: Executive Director

Date: _____

27-35 Chautauqua

Updated June 2026

VIII. Insurance

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Foundation:

Coleen Agner, HSHT State Director
The Able Trust 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Ashlyn Ward Position: Project Coordinator
Address: 1118 Magnolia Ave, Panama City, FL 32401
Telephone: 850 890 3985 extension:
Email: wardan@bay.k12.fl.us

Name: Cynthia McCauley Position: Chief Executive
Address: 1118 Magnolia Ave, Panama City, FL 32401
Telephone: 850-785-5056 extension:
Email: mccaurca@bay.k12.fl.us

X. 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: 9/17/24

Organization

By: Cynthia McCauley

Title: Director

Date: 9/2/26

27-36 Volusia

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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Coleen Agner, HSHT State Director
The Able Trust 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Alyssa Neglia Position: Project Coordinator
Address: 800 South Street, Daytona Beach, FL 32114
Telephone: 386-224-4493 EXT 60021
Email: aneglia@volusia.k12.fl.us

Name: Jacquese Copeland Position: Chief Executive
Address: 800 South Street, Daytona Beach, FL 32114
Telephone: 386-224-4493 EXT 33281
Email: jjcopela@volusia.k12.fl.us

X. 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: 9/10/24

Organization

By: Jacquese Copeland (Sep 1, 2026 13:28:31 EDT)

Title: Jacquese Copeland, ESE Executive Director

Date: 9/1/2026

27-37 Desoto

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 2039 Centre Pointe Blvd, Suite 101, 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., Arcadia, FL 34266
Telephone: 863-494-3434 extension:
Email: clara.muniz@desotoschools.com

Name: Christina McCray Position: Chief Executive
Address: 310 W. Whidden St., Arcadia FL 34266
Telephone: 863-993-1333 extension:
Email: christina.mccray@desotoschools.com

X. 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: 9/30/26

Organization

By: _____

Title: Superintendent

Date: 9/8/2026

27-38 Polk

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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Foundation:

Coleen Agner, HSHT State Director
The Able Trust 2039 Centre Pointe Blvd, Suite 101, 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, FL 33830
Telephone: 863-534-0519 extension: 209
Email: Shannan.combee@polk-fl.net

Name: Tracy Porter Position: Executive Director
Address: 1530 Shumate Drive – Bartow, FL 33830
Telephone: 863-534-0519 extension:
Email: Tracy.poter@polk-fl.net

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The Able Trust

By: _____
Allison Chase, President & CEO

Date: 9/30/26

Organization

By: _____

Title: Executive Director

Date: 9/2/26

27-39 Polk Transition

Updated June 2026

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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Foundation:

Coleen Agner, HSHT State Director
The Able Trust 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Shannan Combee Position: Project Coordinator
Address: 1530 Shumate Dr.- Bartow, FL 33830
Telephone: 863-534-0519 extension: 209
Email: Shannan.combee@polk-fl.net

Name: Tracy Porter Position: Chief Executive
Address: 1530 Shumate Dr. – Bartow, FL 33830
Telephone: 863-534-0519 extension:
Email: Tracy.porter@polk-fl.net

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The Able Trust

By: _____
Allison Chase, President & CEO

Date: 9/30/26

Organization

By: _____

Title: Executive Director

Date: 9/2/26

27-40 Pinellas LIFT

CONTACT INFORMATION FOR ORGANIZATION:

Name: Ashley Hill Position: Project Coordinator
Address: 1005 S Highland Ave. Clearwater FL 33756
Telephone: 727-258-7659 extension: 1500
Email: ahill@liftfl.org

Name: Matt Spence Position: Chief Executive
Address: 1005 S Highland Ave. Clearwater FL 33756
Telephone: 727-258-7659 extension: 1100
Email: mspence@liftfl.org

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The Able Trust

By: _____
Allison Chase, President & CEO

Date: 9/10/26

Organization

By: _____

Title: Director

Date: 9/2/26

27-41 Hernando

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Foundation:

Coleen Agner, HSHT State Director
The Able Trust 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: VIRGINIA A. DUCKWORTH Position: Project Coordinator
Address: HHS 700 BELL AVE. BROOKSVILLE, FL 34601
Telephone: 352-797-7015 extension: 284
Email: DUCKWORTH_V@hcsb.k12.fl.us

Name: TAMMY BRINKER Position: Chief Executive Hernando County Education Foundation
Address: 8404 APPLEGATE DRIVE SPRING HILL, FL 34608
Telephone: 352-797-7313 extension:
Email: BRINKER_T@hcsb.k12.fl.us

NATISHA FEACHER FEACHER_N@hcsb.k12.fl.us

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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: 9/30/26

Organization

By: _____

Title: CEO

Date: 9/4/2026

VIII. Insurance

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Foundation:

Coleen Agner, HSHT State Director
The Able Trust 2039 Centre Pointe Blvd, Suite 101, Tallahassee, FL 32308
Phone: 850-224-4493 coleen@abletrust.org

CONTACT INFORMATION FOR ORGANIZATION:

Name: Sharon Jandula Position: Project Coordinator
Address: 900 N Johnson Stripling Rd
Telephone: 850-838-2500 extension: 4107
Email: Sharon.Jandula@taylor.k12.fl.us

Name: Chuck Finley Position: Chief Executive
Address: 900 N Johnson Stripling Rd
Telephone: 850-838-252 extension: 4135
Email: Chuck. Finey@Taylor.k12.fl.us

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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: 9/10/26

Organization

By: _____

Title: Superintendent

Date: 9/3/26