

MEMORANDUM

Parks, Recreation & Cultural Arts

MEMORANDUM 16-A084

DATE: June 1, 2016

TO: Dennis Beach, City Manager

FROM: Mark Beaudreau, Recreation Programs Administrator *MB*

SUBJECT: Addendum NRPA Out-of-School Time Grant
Resolution. 2016-183

Please place the attached Resolution on the June 14, City Commission Agenda. The addendum is to the agreement approved via Resolution 2016-183 for the 2016 Out-of-School Time Programs Grant Memorandum of Understanding. The National Recreation and Park Association requested the addendum to the agreement as they recently discovered misuse of grant funds by a previous grantee and decided to put additional regulations in place regarding the use of grant funds. These regulations are now standard in all NRPA grant agreements unless otherwise stipulated.

The \$35,000 in grant funds will be used to support the Parks, Recreation and Cultural Arts Department's After School Programs and Summer Camps.

If you need any additional information regarding the agenda item please call me or Jonathan Nasser at 954-786-4191.

afh

cc: Jonathan Nasser, Interim Recreation Manager



City Attorney's Communication #2016-864
June 1, 2016

TO: Mark A. Beaudreau, Recreation Programs Administrator

FROM: Jill R. Mesojedec, FRP, Paralegal

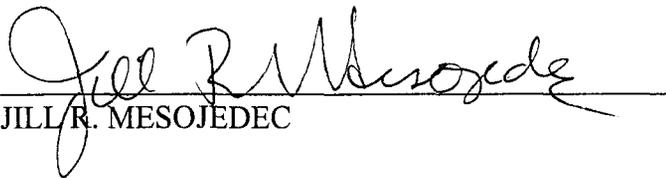
VIA: Mark E. Berman, City Attorney 

RE: Resolution – Addendum to the 2016 Out-of-School Time Programs Grant Memorandum of Understanding

Pursuant to your e-mail dated May 31, 2016, the following form of Resolution, relative to the above-referenced matter, has been prepared and is attached:

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF POMPANO BEACH, FLORIDA, APPROVING AND AUTHORIZING THE PROPER CITY OFFICIALS TO EXECUTE AN ADDENDUM TO THE 2016 OUT-OF-SCHOOL TIME PROGRAMS GRANT MEMORANDUM OF UNDERSTANDING BETWEEN THE CITY OF POMPANO BEACH AND THE NATIONAL RECREATION AND PARK ASSOCIATION; PROVIDING AN EFFECTIVE DATE.

Please feel free to contact me if I may be of further assistance.


JILL R. MESOJEDEC

/jrm
l:cor/recr/2016-864

Attachment

CITY OF POMPANO BEACH
Broward County, Florida

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF POMPANO BEACH, FLORIDA, APPROVING AND AUTHORIZING THE PROPER CITY OFFICIALS TO EXECUTE AN ADDENDUM TO THE 2016 OUT-OF-SCHOOL TIME PROGRAMS GRANT MEMORANDUM OF UNDERSTANDING BETWEEN THE CITY OF POMPANO BEACH AND THE NATIONAL RECREATION AND PARK ASSOCIATION; PROVIDING AN EFFECTIVE DATE.

WHEREAS, the City Commission approved a Memorandum of Understanding between the City of Pompano Beach and the National Recreation and Park Association relating to the Out-of-School Time Programs Grant; and a copy of which is attached hereto and made a part hereof, and approved by City Resolution No. 2016-183; and

WHEREAS, the National Recreation and Park Association is requesting approval of an Addendum to the 2016 Out-of-School Time Programs Grant Memorandum of Understanding; now, therefore,

BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF POMPANO BEACH, FLORIDA:

SECTION 1. That an Addendum to the Memorandum of Understanding between the City of Pompano Beach and the National Recreation and Park Association relating to the Out-of-School Time Programs Grant, a copy of which Addendum is attached hereto and incorporated by reference as if set forth in full, is hereby approved.

SECTION 2. That the proper City officials are hereby authorized to execute said Addendum between the City of Pompano Beach and the National Recreation and Park Association.

SECTION 3. This Resolution shall become effective upon passage.

PASSED AND ADOPTED this _____ day of _____, 2016.

LAMAR FISHER, MAYOR

ATTEST:

ASCELETA HAMMOND, CITY CLERK

/jrm
6/1/16
l:reso/2016-223

"CITY":

Witnesses:

CITY OF POMPANO BEACH

By: _____
LAMAR FISHER, MAYOR

By: _____
DENNIS W. BEACH, CITY MANAGER

Attest:

ASCELETA HAMMOND, CITY CLERK

(SEAL)

Approved As To Form:

MARK E. BERMAN, CITY ATTORNEY

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this _____ day of _____, 2016 by **LAMAR FISHER** as Mayor, **DENNIS W. BEACH** as City Manager and **ASCELETA HAMMOND** as City Clerk of the City of Pompano Beach, Florida, a municipal corporation, on behalf of the municipal corporation, who are personally known to me.

NOTARY'S SEAL:

NOTARY PUBLIC, STATE OF FLORIDA

(Name of Acknowledger Typed, Printed or Stamped)

Commission Number

"Grant Agency":

Witnesses:

Daniel Sanford
Signature Witness #1
Daniel Sanford

Print Name Witness #1

Fed R. Mattieby
Signature Witness #2

Fed R. Mattieby
Print Name Witness #2

NATIONAL RECREATION AND PARK
ASSOCIATION

By: [Signature]
Anna Anselte 6-1-16

Print Name, Title

Date

STATE OF VIRGINIA

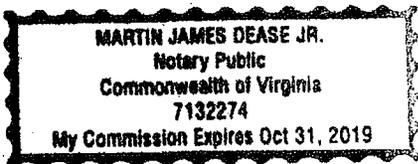
COUNTY OF LOUDOUN

The foregoing instrument was acknowledged before me this 1 day of June, 2016, by Anna Anselte of National Recreation and Park Association. He/She is personally known to me or who has produced drivers license (type of identification) as identification.

NOTARY'S SEAL:

Martin Dease Jr
NOTARY PUBLIC, STATE OF FLORIDA Virginia
Martin James Dease Jr.
(Name of Acknowledger Typed, Printed or Stamped)

7132274
Commission Number



Addendum to 2016 Out-of-School Time Programs Grant MOU

Use of Grant Funds

The Grantee shall use the full amount of the grant for the purposes set forth in the Budget Narrative. Unless otherwise agreed in writing by the Grantor, the Grantee shall return any portion of the grant and the income earned thereon that is not expended for such purposes.

The Grantee agrees not to use any portion of the grant or any income derived from the grant for the following:

- To carry on propaganda or otherwise attempt to influence legislation within the meaning of Section 4945(d)(1) of the Code;
- To influence the outcome of any specific public election or to carry on, directly or indirectly, any voter registration drive within the meaning of Section 4945(d)(2) of the Code;
- To provide a grant to an individual for travel, study, or similar purpose within the meaning of Section 4945(g) of the Code, without prior written approval of Grantor. Payments of salaries, other compensation, or expense reimbursement to employees of the Grantee within the scope of their employment do not constitute “grants” for these purposes and are not subject to these restrictions;
- Except as expressly may be authorized in the Grant Description, to provide a grant to any other organization without prior written approval of the Grantor; or
- To promote or engage in criminal acts of violence, terrorism, hate crimes, the destruction of any state, or discrimination on the basis of race, national origin, religion, military and veteran status, disability, sex, age, or sexual orientation, or support of any entity that engages in these activities.
- To travel to NRPA’s Annual Conference or any other conference travel, without prior written approval of Grantor.

All unspent or uncommitted grant funds shall be invested in highly liquid investments (such as an interest-bearing bank account) with the primary objective being preserving the grant funds availability for the project described in the Grant Description. Any interest or other income generated by the grant funds must be applied to the purposes described in the Grant Description.

City of Pompano Beach

Name of Agency

See attached signature page for the City of Pompano Beach

Signature

N/A

Printed Name

Ag. 3

**CITY OF POMPANO BEACH
Broward County, Florida**

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF POMPANO BEACH, FLORIDA, APPROVING AND AUTHORIZING THE PROPER CITY OFFICIALS TO EXECUTE A MEMORANDUM OF UNDERSTANDING BETWEEN THE CITY OF POMPANO BEACH AND THE NATIONAL RECREATION AND PARK ASSOCIATION RELATING TO THE OUT-OF-SCHOOL TIME PROGRAMS GRANT; PROVIDING AN EFFECTIVE DATE.

BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF POMPANO BEACH, FLORIDA:

SECTION 1. That a Memorandum of Understanding between the City of Pompano Beach and the National Recreation and Park Association relating to the Out-of-School Time Programs Grant, a copy of which Agreement is attached hereto and incorporated by reference as if set forth in full, is hereby approved.

SECTION 2. That the proper City officials are hereby authorized to execute said Agreement between the City of Pompano Beach and the National Recreation and Park Association.

SECTION 3. This Resolution shall become effective upon passage.

PASSED AND ADOPTED this 10th day of May, 2016.



LAMAR FISHER, MAYOR

ATTEST:



ASCELETA HAMMOND, CITY CLERK



National Recreation and Park Association

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April 4, 2016

Mark Beaudreau
City of Pompano Beach Parks, Recreation and Cultural Arts
1801 NE 6th Street
Pompano Beach, FL 33060

Dear Mark Beaudreau,

Thank you for applying for an Out-of-School Time Programs grant from the National Recreation and Park Association (NRPA) in partnership with the Walmart Foundation. I am pleased to inform you that your agency has been selected to receive grant funding in the amount of \$35000 to support your agency's out-of-school time programs.

Congratulations – we look forward to working with you to ensure as many children as possible receive nutritious meals and healthy enrichment activity during out-of-school times.

The grant agreement period is April 4, 2016 to March 1, 2017. During this period, your agency is required to:

1. Direct grant funds to:
 - A. Increase the number of healthy meals children in low-income communities receive through the Summer Food Service Program (SFSP) and the Child and Adult Care Food Program (CACFP) during out-of-school times.
 - B. Provide nutrition literacy to children and families that creates behavior change by teaching the importance of healthy eating.
 - C. Implement nutrition and physical activity standards that increase access to healthier foods and increase opportunities for physical activity.
 - D. Promote meal and program efficiencies that will decrease food waste and lead to more sustainable meal programs.
2. Provide a copy of your agency's W-9 along with this signed MOU by **May 15, 2016**.
3. Complete the following items at the beginning of the grant period. No grant funds will be disbursed until each of these items are complete.
 - a. Complete the Commit to Health pledge for each of your out-of-school time sites where you plan to implement the Healthy Eating and Physical Activity (HEPA) standards. Note that while this grant period is less than a year, Commit to Health is a five year initiative.
 - b. Complete the Alliance for a Healthier Generation's Healthy Out-of-School Time Assessment (accessible after registering your sites) at the beginning of the grant period and again by **January 15, 2017**.



National Recreation and Park Association

- c. Create an Action Plan for each of your out-of-school time sites where you will be implementing the HEPA standards (this can be done while completing the assessment) at the beginning of the grant period and again by January 15, 2017.
4. At least one representative from your agency must attend:
 - a. Mandatory preliminary phone conference on April 26, 2016.
 - b. Mandatory virtual training for Summer programming on May 10, 2016 (it is recommended that additional management and program staff attend this training).
 - c. Mandatory virtual training for Fall programming on August 16, 2016 (it is recommended that additional management and program staff attend this training).
5. Implement the Nutrition Literacy Curriculum in at least 4 out-of-school time sites in the Summer and Fall of 2016.
6. Implement the Cooking Matters at the Store Program in the Summer and Fall of 2016.
7. Promote the mHealth (mobile texting) campaign at your park and recreation sites to help engage parents and teens.
8. If selected, participate in an evaluation group conference call on May 17, 2016 and administer surveys pre and post-program to children and staff to evaluate the effectiveness of the nutrition literacy curriculum on increasing knowledge of nutrition and healthy living.
9. If requested, host a half-day site visit by NRPA staff, including local stakeholders.
10. If selected, host focus groups conducted by NRPA staff at one or more of your sites to include program participants, parents/caregivers, and staff.
11. Participate in occasional conference calls with NRPA and other grantees, as requested.
12. If requested, participate in a phone interview with NRPA and a consultant to share information on your successes, challenges, and lessons learned. Your information will be compiled into a case study publication which NRPA will produce as part of this initiative.
13. Share success stories, press releases, photos, videos, quotes, local media and other outreach information highlighting the impact of the grant throughout the grant period. (Please forward to Allison Colman at acolman@nrpa.org)
14. Submit a final report by **January 15, 2017** using an online survey tool provided by NRPA. This report will collect information, such as the number of healthy meals served and the number of children who participated in your out-of-school time programs. It will also collect information on how the grant funds were spent.

Termination for Cause: Either party shall have the right to terminate this MOU for cause if the other party (i) materially breaches its obligations and agreements hereunder, or (ii) commits and/or demonstrates gross neglect in the conduct of its duties hereunder. In addition, NRPA retains the right to terminate this MOU, upon written notice, if it determines



National Recreation and Park Association

that continued affiliation with your agency is inconsistent with its mission and/or adversely affects its reputation. In order to terminate this MOU for cause, and as a condition to exercising such right to terminate for cause, a party shall give the other party thirty (30) days' prior written notice of such intention to terminate, specifying in detail the grounds or reasons for such termination for cause. Following any notice of termination for cause, the receiving party shall be permitted a reasonable opportunity to cure such claimed cause to the reasonable satisfaction of the other party.

Please acknowledge your agreement to the terms above by signing below. Upon receipt of this signed form, your agency's W-9, and NRPA's verification that your Commit to Health pledges and Healthy Out-of-School Time Assessments and Action Plans have been completed, a check will be issued for your grant funds minus \$5000 that will be disbursed upon completion of all grant requirements.

City o Pompano Beach

**Jonathan Nasser, Interim Recreation Manger
Mark Beaudreau, Recreation Programs Administrator**

Name of Agency

Primary Point of Contact

See attached City Signature Page
Signature

jonathan.nasser@copbfl.com
mark.beaudreau@copbfl.com
Email for Primary Contact

Printed Name

954-786-4191
Telephone for Primary Contact

59-6000411
EIN Number

Once signed, please scan and e-mail to Allison Colman, Program Manager, at acolman@nrpa.org. Please do not hesitate to contact Allison directly at (703) 858-2156 should you have any questions.

Sincerely,

Rebecca Wickline
Vice President, Business Development

"CITY":

Witnesses:

CITY OF POMPANO BEACH

Christine Keudd

By: [Signature]
LAMAR FISHER, MAYOR

[Signature]

By: [Signature]
DENNIS W. BEACH, CITY MANAGER

Attest:

[Signature]
ASCELETA HAMMOND, CITY CLERK

(SEAL)

Approved As To Form:

[Signature]
MARK E. BERMAN, CITY ATTORNEY

STATE OF FLORIDA
COUNTY OF BROWARD

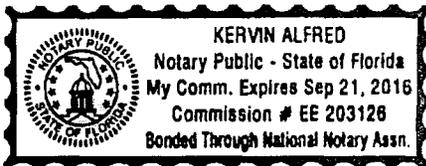
The foregoing instrument was acknowledged before me this 11th day of May, 2016 by **LAMAR FISHER** as Mayor, **DENNIS W. BEACH** as City Manager and **ASCELETA HAMMOND** as City Clerk of the City of Pompano Beach, Florida, a municipal corporation, on behalf of the municipal corporation, who are personally known to me.

NOTARY'S SEAL:

[Signature]
NOTARY PUBLIC, STATE OF FLORIDA

Kervin Alfred
(Name of Acknowledger Typed, Printed or Stamped)

Commission Number



"Grant Agency":

NATIONAL RECREATION AND PARK ASSOCIATION

By: [Signature]

Anna Ansello, CFO 5.6.16
Print Name, Title Date

Witnesses:

[Signature]
Signature Witness #1

Daniel Sanford
Print Name Witness #1

[Signature]
Signature Witness #2

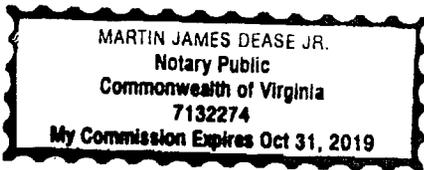
Ted R. Mattingly
Print Name Witness #2

STATE OF ~~FLORIDA~~ Virginia
COUNTY OF Loudoun

The foregoing instrument was acknowledged before me this 6 day of May, 2016, by Anna Ansello of National Recreation and Park Association. He/She is personally known to me or who has produced Drivers License (type of identification) as identification.

NOTARY'S SEAL:

[Signature]
NOTARY PUBLIC, STATE OF ~~FLORIDA~~ Virginia
Martin James Dease Jr
(Name of Acknowledger Typed, Printed or Stamped)
7132274
Commission Number



Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. City of Pompano Beach		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small> <input checked="" type="checkbox"/> Other (see instructions) ▶ Government		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) X Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) 100 West Atlantic Boulevard / PO Box 1300		Requester's name and address (optional)
	6 City, state, and ZIP code Pompano Beach, FL 33060-33061		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
[] [] [] - [] [] - [] [] [] []	OR
Employer identification number	
5 9 - 6 0 0 0 4 1 1	

Part II Certification

Under penalties of perjury, I certify that:

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

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ <i>Jessie M. Dublin</i>	Date ▶ <i>6/10/15</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/ir9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.