



established by the
FLORIDA ANNENBERG CHALLENGE

Meridian Business Campus
3265 Meridian Parkway, Suite 130
Weston, FL 33331



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www.changeeducation.org

Partnership to Advance School Success - PASS[®] Agreement

This Agreement, dated December 13, 2016 between City of Delray Beach and the
(month/day/year) Name of donor
Council for Educational Change (CEC), a Florida 501(c)(3) not-for-profit corporation, is as follows:

WHEREAS, the Donor desires to make a gift to the CEC, and

WHEREAS, it is the intent of the CEC to use said gift to support the

City of Delray Beach / Carver Middle School **Partnership to Advance School**
Name of donor & name of school
Success - PASS[®] Program (Partnership) to improve student achievement, and

WHEREAS, The parties do hereby agree as follows:

1. The Donor agrees to make a gift of One Hundred Thousand and 00/100 Dollars (\$100,000) to the CEC, in accordance with one of the payment terms selected on the last page of this Agreement.
2. The goal of the PASS[®] Program, in collaboration with the **Florida Council of 100**, is to improve student achievement in public schools in the state of Florida. As part of that program, the Florida Department of Education (FLDOE) will match this gift. The FLDOE matching funds must be expended within the first year of the three-year period. The school will also reallocate current existing budgeted funds to

represent in-kind contributions to PASS® Program activities. The total \$200,000 in new funds to the school will be expended at the direction of the School Principal in accordance with the budget and timeline created by the Donor/Partner and School Principal.

3. The CEC understands that the following is the contact information for the:

Donor Information:

Name of Contact: Ms. Janet Meeks
Position: Assistant Director, Community Improvement
Name of Company: City of Delray Beach
Address: 100 NW 1st Avenue
City, State, Zip: Delray Beach, FL 33444
Telephone: 561-243-7231
Fax Number: 561-243-7221
Email Address: meeksj@mydelraybeach.com

Business Partner Information:

Name of Contact: _____
Position: _____
Name of Company: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Fax Number: _____
Email Address: _____

4. The CEC is hereby authorized to list the Donor as a contributor in its efforts to secure like commitments from others.

5. Funding was approved during the legislative session to support PASS[®] Program activities through a FLDOE grant. It is the intention of the CEC to utilize these funds to serve as the match to the donation provided by the donor. These funds will be placed in an account for the School and will be housed at the CEC, the Fiscal Agent and Coordinator of the PASS Program. These funds will serve as the match of the \$100,000 provided by the Partner/Donor. **All parties recognize and acknowledge that any disbursement of PASS Program funds is dependent on funding from the FLDOE and the Donor/Partner. Failure of the CEC to receive such funds for any reason shall release the CEC from any obligations to provide payments under the terms of this Agreement.**

The following documents must be submitted to the CEC PASS Coordinator, in order to **activate** the Partnership PASS[®] Program:

- ☐ A three-year PASS partnership plan for the School including the mission, school demographics, measurable goals, objectives and incentives.
- ☐ A budget that shows how the partnership will spend the total PASS funds over a three-year period. The budget should be allocated among: personnel, consultant/coach, materials and supplies, communication and printing, data analysis, incentives, staff development and other categories, as appropriate.
- ☐ A statement from the School Principal as to who will authorize expenditure of funds for the partnership and who will provide the annual January monitoring report, any requested partnership progress summary reports or budget reviews. Both the donor/mentor and the School Principal must sign for all expenditures in excess of \$10,000. Beyond that, the partnership will expend resources in accordance with the approved PASS budget.

6. This Agreement may be executed in two or more Counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

(This area left intentionally blank)

IN WITNESS WHEREOF, the parties hereto, intending to be legally bound, have executed this Agreement this 13th day of December 2016

(signature)

Cary Glickstein, Mayor

date

(name & address of donor) City of Delray Beach

100 NW 1st Avenue

Delray Beach, FL 33444

(tel #:) 561-243-7000

(fax #:) 561-243-7199

Elaine Liftin, Ed.D.

date

Council for Educational Change

3265 Meridian Parkway, Suite 130

Weston, Florida 33331

Tels: 954-727-9909 & 866-268-0250

Fax : 954-727-0990

DONOR TAX IDENTIFICATION NUMBER / SSN

(print name) Dr Geneva Woodard

date

PASS Program Coordinator

Council for Educational Change

3265 Meridian Parkway, Suite 130

Weston, Florida 33331

Tels: 954-727-9909 & 866-268-0250

Fax : 954-727-0990

(Signature of Representative)

District Office Representative

(print name of District Representative)

(Principal's signature)

date

Principal: Kiwana Alexander-Prophete

Print Name: _____

School: Carver Middle School

Address: 101 Barwick Road

Delray Beach, FL 33445

Tel: 561-638-2100

Fax: 561-638-2181

Email: carverms@palmbeachschools.org

Partnership to Advance School Success - PASS®

Payment - Agreement

City of Delray Beach (name of donor) agrees to make a gift of \$100,000 (one hundred thousand dollars) payable to the Council for Educational Change in support of the

City of Delray Beach/Carver Middle School (name of donor/name of school) PASS Program: please select the corresponding payment schedule:

- ☐ 1 Payment Option: \$100,000 payable the _____ day of _____ 20____.
- ☐ 2 Payment Option: the initial \$50,000 will be paid the _____ day of _____ of 20____; the second and final payment of \$50,000 will be paid the _____ day of _____ 20____.
- ☐ 3 Payment Option: The initial \$34,000.00 will be paid on the _____ day of _____, 20____; and the next installment of \$33,000.00 will be paid the _____ day of _____ 20____. The final remaining payment of \$33,000.00 will be paid the _____ day of _____ 20____.

Please mail checks to: The Council for Educational Change
 Attention: Mr. Sal Paniagua
 3265 Meridian Parkway, Suite 130, Weston FL 33331

Note: Payment Reminders will be mailed for installment plans of 2 or 3 payments

Signature _____

(Please print name) Cary Glickstein, Mayor

Address City of Delray Beach
100 NW 1st Avenue
Delray Beach FL 33444

_____ Date