MONROE COUNTY SCHOOL DISTRICT
BUSINESS/PERSONAL RELATIONSHIP DISCLOSURE AFFIDAVIT

I, Aaron Feuer, of the City/Township/Parrish of Boston , State of Massachusetts_, and according to law on my oath, and under penalty of perjury, depose and say that;

1) I am the authorized representative of the company or entity making a proposal for a project described as follows:

Name of company/vendor: Panorama Education, LLC

Nature of services presently being offered to School District: Panorama will partner with Monroe County to provide a social-emotional learning screener; student, staff, and family surveys; and an MTSS platform to streamline student supports and inform interventions.

2) (CHECK ONE BOX) ☐ I have (OR) ☑ I have not at any time prior to this application, had a **business relationship** with any employee or board member of the School District of Monroe County, Florida.

IF YOU ANSWER I HAVE: Please list details of the relationship including the employee or board member's name with whom you have done business, the type of work that was performed and the years worked.

3) (CHECK ONE BOX) ☐ I have (OR) ☑ I DO NOT have a **personal relationship** (this includes family) with an employee of OR a board member of the School District of Monroe County, Florida.

IF YOU ANSWER I HAVE: Please list details of the relationship including the employee(s) or board member(s) name with whom you are related, and your ties to that person (spouse, mother, brother, cousin, or related by marriage, partners, etc.)

The statements contained in this affidavit are true and correct, and made with full knowledge that The School Board of Monroe County, Florida, relies upon the truth of the statements contained in this affidavit in awarding contracts for the subject project. **I hereby agree to keep the School District of Monroe County, Florida, informed of any change to the information contained herein. I further understand and agree that discovery of any undisclosed relationship can and will lead to termination of any ongoing contracts, and may potentially lead to me being banned from conducting future business with the school district.**

2/25/2021
Date

Aaron Evan Feuer
(Signature of Authorized Representative)

STATE OF Florida,
COUNTY OF Polk

PERSONALLY APPEARED BEFORE ME, the undersigned authority, Sage M Wilson who,

☐ being personally known or ☑ having produced driver license as identification,
and after first being sworn by me, affixed his/her signature in the space provided above on this 25th day of February, 2021.

Sage Wilson

Notarized online using audio-video communication

Signature, NOTARY PUBLIC

My commission expires: 08/17/2024

SAGE M WILSON
Notary Public - State of Florida
Commission # HH 33193
Expires on August 17, 2024

STAMP/SEAL

THE SCHOOL BOARD OF MONROE COUNTY, FLORIDA

E-VERIFY AFFIDAVIT

Beginning January 1, 2021, Florida law requires all contractors doing business with the Monroe County School District to register with and use the E-Verify System in order to verify the work authorization status of all newly hired employees. The Monroe County School District requires all vendors who are awarded contracts with the District to verify employee eligibility using the E-Verify System. As before, vendors are also required to maintain all I-9 Forms of their employees for the duration of the contract term. To enroll in the E-Verify System, vendors should visit the E-Verify Website located at www.e- verify.gov.

In accordance with Florida Statute § 448.095, IT IS THE RESPONSIBILITY OF THE AWARDED VENDOR TO ENSURE COMPLIANCE WITH ALL APPLICABLE E-VERIFY REQUIREMENTS.

By affixing your signature below, you hereby acknowledge that Florida Law requires you to register with and use the E-Verify System to verify the work authorization status of all newly hired employees. Furthermore, by signing this affidavit you affirm, under penalty of perjury, that you have complied with all applicable E-Verify requirements as of the effective date below.

2/25/2021
Date

Aaron Evan Fenes
(Signature of Authorized Representative)

STATE OF Florida

COUNTY OF Polk

PERSONALLY APPEARED BEFORE ME, the undersigned authority, Sage M Wilson who, ☐ being personally known or ☑ having produced driver_license as identification, and after first being sworn by me, affixed his/her signature in the space provided above on this 25th day of February 2021.

Sage Wilson

Notarized online using audio-video communication

Signature, NOTARY PUBLIC

My commission expires: 08/17/2024

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