



Monroe County School District

Superintendent of Schools
Mark T. Porter

Board Rationale

File #: CON1920073

TITLE

Approval of renewal contract 2 of 3 for Miami Lighthouse for the Blind and Visually Impaired INC

BACKGROUND INFORMATION

Provide school based services for Orientation and Mobility for MCSD students with visual impairments. These federally mandated services are for Students with Disabilities. It is necessary to contract with Miami Lighthouse for the Blind and Visually Impaired INC in order to meet the Federal IDEA regulations.

BUDGET INFORMATION

Item Budgeted? [Yes]

Total Cost: \$__36,700__

Budget Coding: __0110.5200.0310.0143.0001 (\$30,000)_& _0420.5200.0330.0143.6080 (\$6,700)

Requisition Attached? [Yes]

Contract Purpose / Description: ____To provide orientation and mobility service (O&M) for the Blind in MCSD students with disabilities

Contract Originator: Dr. Lesley Thompson, Director of Exceptional Student Education, x53378

Board Meeting Date: June 9, 2020

RECOMMENDATION

Approval of renewal contract 2 of 3 for Miami Lighthouse for the Blind and Visually Impaired INC



Monroe County School District

Superintendent of
Schools
Mark T. Porter

Master

File Number: CON1920073

File ID: CON1920073

Type: Contract / MOU

Status: Consent Agenda

Version: 1

Vendor:

Action By: School Board

File Created: 05/27/2020

Subject:

Final Action:

Title: Approval of renewal contract 2 of 3 for Miami Lighthouse for the Blind and Visually Impaired INC

Internal Notes:

Sponsors:

Effective Date:

Attachments: 24 Rationale, Miami Lighthouse for the Blind relationship and 2 of 3 contract and insurance, Miami Lighthouse Requisition for 2020-2021, Miami Lighthouse for Blind-Visually Impaired Contract_June 25 2019.pdf

Enactment Number:

Recommendation:

Expiration Date:

Entered by: Catherine.Kanagy@KeysSchools.com

Expiration Date:

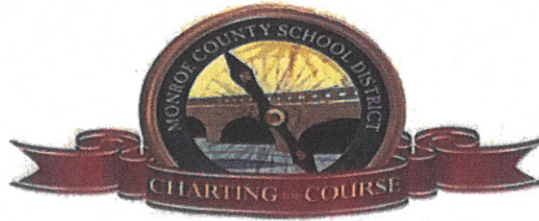
Related Files:

Approval History

Version	Seq #	Action Date	Approver	Action	Due Date
1	1	5/28/2020	Lesley Thompson	Approve	6/1/2020
1	2	5/29/2020	Gaelan Jones	Approve	5/29/2020
1	3	5/29/2020	Suanne Lee	Approve	6/1/2020
1	5	6/2/2020	K McDonald	Delegated	
1	6	6/2/2020	Beverly Anders	Approve	6/4/2020
1	7	6/2/2020	Ramon Dawkins	Approve	6/3/2020

History of Legislative File

Version:	Acting Body:	Date:	Action:	Sent To:	Due Date:	Return Date:	Result:
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Rev 11.7.2017

CONTRACT RENEWAL

THIS CONTRACT RENEWAL is made and entered into the date last written below, by and between The School Board of Monroe County, Florida ("School Board"), and Miami Lighthouse for the Blind and Visually Impaired, INC. ("Contractor"), in order to renew the agreement ("Original Contract") between the parties dated July 24, 2018 (original contract date), a copy of which is attached hereto and incorporated by reference.

1. Contractor will exercise the 2 of 3 renewal options in accordance with the terms of the Original Contract, thereby creating a renewed contract ("Renewed Contract").
2. The Renewed Contract shall commence on August 13, 2020 and expire on June 4, 2021. NOTE: 2 Contractor's Services – Service Goal is to assess and instruct individual student(s) with Orientation and Mobility Services for the blind district-wide. Methods to accomplish these goals include facilitating skill development allow for greater access to their environments and safer, independent travel in a variety of environments to include Classroom Vision Impairment support.
3. All other terms and conditions of the Original Contract shall remain in full force and effect.
4. Contractor's obligations to maintain insurance remains in effect as evident by the updated copy attached.
5. Contractor hereby certifies that the Relationship Disclosure Affidavit and Debarment Certification as submitted as attachments to the Original contract have remained unchanged or has submitted new documents as necessary.

NOTE: A copy of the original contract must accompany this renewal.

IN WITNESS WHEREOF, the parties have executed this Contract Renewal on this 4th day of May, 2020.

SIGNATURE OF CHAIRPERSON OF THE BOARD (CONTRACTS OVER \$25,000)

DATE

SIGNATURE OF SUPERINTENDENT

DATE

May 4, 2020

SIGNATURE OF CONTRACTOR/REPRESENTATIVE

DATE

CS Virginia A. Jacko

PRINT NAME AND TITLE

Heidy T. Farinas



Hedy T. Farinas
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG333682
Expires 5/13/2023

**MONROE COUNTY SCHOOL DISTRICT
BUSINESS/PERSONAL RELATIONSHIP DISCLOSURE AFFIDAVIT**

I, Virginia A. Jacko, of the City/Township/Parrish of Miami Lighthouse for the Blind, State of Florida, 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: Miami Lighthouse for the Blind and Visually Impaired

Nature of services presently being offered to School District: Orientation and Mobility Instruction

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.

05/04/2020
Date

(Signature of Authorized Representative)

Virginia A. Jacko

STATE OF Florida
COUNTY OF Miami-Dade

PERSONALLY APPEARED BEFORE ME, the undersigned authority, Virginia A. Jacko who, ☒ being personally known or ☐ having produced _____ as identification, and after first being sworn by me, affixed his/her signature in the space provided above on this 4th day of May, 2020.

NOTARY PUBLIC

Heidy T. Farinas

Heidy T. Farinas
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG333682
My commission expires 5/13/2023

INTERNAL SERVICES DIVISION
Purchasing | Property Control | Contract and Records Management
241 Trumbo Road • Key West, FL 33040
Tel. (305) 293-1400
www.KeysSchools.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/23/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER NEA Insurance Group, LLC 8700 W. Flagler St., Suite 401 Miami FL 33174		CONTACT NAME: Joyce Corp PHONE (A/C, No, Ext): (305) 221-2400 E-MAIL: joyce@jprivate.com FAX (A/C, No): (305) 221-2411	
INSURED Miami Lighthouse for the Blind & Visually Impaired, Inc. 601 SW 8th Avenue Miami FL 33130		INSURER(S) AFFORDING COVERAGE INSURER A: AmGUARD Insurance Company INSURER B: Ascendant Commercial Insurance, Inc. INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 42390 13683	

COVERAGES

CERTIFICATE NUMBER: CL2032303069

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		C1GP100638-00	03/23/2020	03/23/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Employee Benefits \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		C2GP100508-00	03/23/2020	03/23/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		C3GP100271-00	03/23/2020	03/23/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Products/Comp OpsAgg \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	WC723462	03/23/2020	03/23/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	1-Sexual & Physical Abuse, 2-Employee Benefits & 3-Professional Liability		C1GP100638-00	03/23/2020	03/23/2021	1-\$1,000,000 per Occ \$1,000,000 Agg 2-\$1,000,000 per Occ \$1,000,000 Agg 3-\$1,000,000 per Occ \$1,000,000 Agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

30 Days Notice of Cancellation applies except 10 Days Notice of Cancellation for Non-Payment of Premium.

CERTIFICATE HOLDER

CANCELLATION

Monroe County School Board, Superintendent
Monroe County School District
241 Trumbo Road
Key West
FL 33040

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

THE SCHOOL DISTRICT OF MONROE COUNTY, FLORIDA

CONTRACT SUMMARY ROUTING SHEET

SECTION ONE:

Contract with: Miami Lighthouse for the Blind and Visually Impaired, INC.
Contract value: \$36,700 Effective Date: 8-13-2020
Budget Coding: 0110 5200 0310 0143 0001 = \$30,000 0420 5200 0330 0143 6080 \$6,700 Expiration Date: 6-4-2021

Contract Purpose/Description: Provide school based services for Orientation and Mobility for MCSD students with visual impairments. These federally mandated services are for Students with Disabilities. It is necessary to contract with Miami Lighthouse for the Blind and Visually Impaired INC in order to meet the Federal IDEA regulations.

Contract Originator: Dr. Lesley Thompson x 53378
(Name) (Ext)

Reviewed by Dept Dir/Supv/ School Principal: Dr Lesley Thompson

Executive Director of Originating Dept.: _____

SECTION TWO:

	<u>Date In</u>	<u>Reviewer Signature</u>	<u>Date Out</u>
1. <u>LEGAL:</u> Comments: _____	_____	_____	_____
2. <u>HR:</u> Comments: _____	_____	_____	_____
3. <u>RISK:</u> Comments: _____	_____	_____	_____
4. <u>FINANCE:</u> Comments: _____	_____	_____	_____
5. <u>INTERNAL SERVICES:</u> Comments: _____	_____	_____	_____

EMAIL
5-5-20

EMAIL
4/30/20

244305



Drafts Templates Request History

Current Request

2020 - 2021

Look up PO #

Or Req #

Miami Lighthouse

Vendor

Requisition #
N/APO #
N/AAuthor
Lorenz, Diana

V0000021450 - MIAMI LIGHTHOUSE FOR THE BLIND A... ▼

V0000021450
MIAMI LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED, INC
601 SW 8TH AVENUE
MIAMI, FL 33130Vendor Contact
CarolTerms & Conditions
▼ 2Deadline Date
05/27/2020PO Status
OpenRequest Type
BlanketRequest Date/Status
DraftOrder Contact
Catherine KanagyCenter/School Contact
0143/Diana Lorenz

Deliver To

0201 : SUGARLOAF SCHOOL ▼

Line Items

Import

Ref. #	Item #	Description	Qty	UOM	Unit Price	Amount	Shipping	Receivers
1	Noncap	Contracted C	1.00	ea	30000.00	30000.00	<input type="checkbox"/>	
1	Noncap	Travel for sei	1.00	ea	6700.00	6700.00	<input type="checkbox"/>	
Total						36,700.00		

Allocations

Ref. #	Fund ▼	Function ▼	Object ▼	Center ▼	Project ▼	Budgeted	Committed	Encumbered	Expended	Balance	Amount
1 ▼	0420... ▼	5200 ... ▼	330 ... ▼	0143... ▼	6080... ▼	0.00	0.00	0.00	0.00	0.00	36700.00
Total											36,700.00

Files

Comments

5/27/20 3:00pm [Diana Lorenz](#) Contracted services provided by Miami Lighthouse for Blind.

Post

Comments for vendor

Submit

