



CITY OF DORAL PARKS AND POLICE 4 KIDS FOUNDATION BOARD MEETING AGENDA

Tuesday, May 9, 2017 at 6:30 p.m.

Doral Government Center
1st Floor Multipurpose Room
8401 NW 53rd Terrace
Doral, FL 33166

1. Call to Order / Roll Call of Foundation Members

Director Elizabeth Canchola
Director Fernando Horruitiner
Director Edgar Martinez
Director Alberto Ruiz
Director Jodi Steinbauer

2. Approval of Minutes

A. April 19, 2017 Meeting Minutes

3. Public Comments

4. Financial Items:

A. Update: Bank Reconciliation April 2017 (Exhibit A)

B. Discussion: Approval of professional liability insurance (Exhibit B)

C. Discussion: Approval of Fieldtrip Payment (Director Canchola & Finance Department)

5. Discussion Items:

A. Discussion: Bigs in Blue Participants Summer Camp at John I. Smith (Director Canchola and Parks & Recreation Department)

B. Report: Renaissance Middle Charter School After School Program (Director Canchola & Police Department) (Exhibit C)

6. New Business

7. Next Meeting Date: Wednesday, June 21, 2017 at 6:30 pm

8. Adjournment

Anyone wishing to obtain a copy of an agenda item may contact the **City Clerk at 305-593-6725** or view the agenda packet on the City's website at or at City of Doral Government Center, 8401 NW 53rd Terrace, Doral, Florida 3366 during regular business hours (Monday – Friday, 8:00 A.M. – 4:30 P.M.). Pursuant to Florida Statute 286.0105, anyone wishing to appeal any decision made by the City Council with respect to any matter considered at this meeting or hearing shall need a record of the proceedings and, for such purpose, may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.



CITY OF DORAL PARKS AND POLICE 4 KIDS FOUNDATION BOARD MEETING Draft Minutes

Wednesday, April 19, 2017 at 6:30 p.m.

Doral Government Center
1st Floor Multipurpose Room
8401 NW 53rd Terrace
Doral, FL 33166

1. Call to Order / Roll Call of Foundation Members
Meeting was called to order at 6:35p.m.

Director Elizabeth Canchola	Present
Director Fernando Horruitiner	Present
Director Edgar Martinez	Present
Director Alberto Ruiz	Present
Director Jodi Steinbauer	Present

Also present:

Lt. Daniel Munecas, Police Department
Erin Weislow, Parks & Recreation Department
Haydee Sera, City Attorney's Office
Karina La Rosa, Office of the City Clerk
Matilde Menendez, Finance Department Director

2. Board Elections

A. Chair

Motion to elect Director Canchola as Chair made by Director Steinbauer and seconded by Director Martinez. By consensus, motion passes unanimously.

B. Vice Chair

Motion to elect Director Ruiz as Vice Chair made by Director Steinbauer and seconded by Director Martinez. By consensus, motion passes unanimously.

C. Treasurer

Motion to elect Director Horruitiner as Treasurer made by Director Steinbauer and seconded by Director Martinez. By consensus, motion passes unanimously.

3. Approval of Minutes

- A. March 15, 2017 PP4K Meeting Minutes
- B. April 11, 2017 PP4K Special Meeting Minutes

Motion to approve the minutes made by Director Canchola and seconded by Director Steinbauer. By consensus, motion passes unanimously.

4. Public Comments

Dr. Francis Colon addressed the Board and asked if behavioral problems are addressed through the PP4K Program at the schools. Dr. Colon also offered her assistance as she is an expert in the field.

The Board guided Dr. Colon as to how she may assist and requested that she presented a possible program to introduce to the already established program.

5. Financial Items:

A. Update: Bank Reconciliation February 2017 (Exhibit A)

B. Update: Bank Reconciliation March 2017 (Exhibit B)

Matilde Menendez, Finance Director, provided the Board with an update on the Bank Reconciliations for the months of February and March 2017.

6. Discussion Items:

A. Discussion: PP4K Director Shirts Invoice (Parks & Recreation Department) (Exhibit C)

Erin Weislow, Parks and Recreation, addressed the Board and presented an update on the total invoice for the Director's shirts.

By consensus, the Board directed the Parks & Recreation Department to add the shirt for Director Ruiz, revise the invoice, pay the invoice using the PP4K account and the Board Directors will reimburse the amount to the PP4K account via check made out to the PP4K Foundation.

B. Update: PP4K Flyer – Quote (Parks & Recreation Department)

Motion to approve the quote for the flyer and print a total of 1,500 flyers made by Director Canchola and seconded by Director Steinbauer. By consensus, motion passes unanimously.

C. Discussion: The Miami Foundation's Public Space Challenge (Director Canchola) (Exhibit D)

Director Canchola addressed the Board and provided information on the Public Space Challenge.

Motion to approve to proceed with the project for the Public Space Challenge as presented by Director Canchola and promote it through all media channels made by Director Horruitiner and seconded by Director Ruiz. By consensus, motion passes unanimously.

Motion to approve Director Martinez, Social Media Administrator, to allocate an amount of \$30.00 per event to advertise in the social media platform of Facebook; and for the Director to pay out of pocket and submit a receipt to be reimbursed from the PP4K account made by Director Ruiz and seconded by Director Horruitiner. By consensus, motion passes unanimously.

D. Summer Camp and Big Brother Big Sister Request from John I. Smith (Director Elizabeth Canchola)

Director Canchola provided the Board further information regarding the requested program and Lt. Munecas elaborated on the volunteer capacity that the Police Officers will hold in the program.

Direction was provided to the Parks & Recreation Department and Police Department to come back with sponsorship possibilities for the children participating in the program.

7. New Business

Director Steinbauer addressed the Board regarding the previously approved participation in the Miami International Mall Annual Chocolate Show Event.

By consensus, the Board agreed to provide the City Clerk's Office the possible time shifts they are available to participate in the event booth.

Director Ruiz will look into the possibility obtaining chocolates with PP4K Logo to give away at the event.

8. Next Meeting Date: Wednesday, May 17, 2017 at 6:30 pm

9. Adjournment

Meeting adjourns at 7:56 p.m.

Respectfully submitted,

Connie Diaz, CMC
City Clerk

Motion to approve the minutes of the April 19, 2017 Parks and Police 4 Kids Meeting made by _____ and seconded by _____.

Director Elizabeth Canchola
Director Fernando Horruitiner
Director Jodi Steinbauer
Director Edgar Martinez
Director Alberto Ruiz

APPROVED and ADOPTED this 9 day of May 2017.

Elizabeth Canchola, CHAIR

Business Cash Manager

Account number:
Image count: 5

■ April 1, 2017 - April 30, 2017 ■ Page 1 of 2



PARKS & POLICE 4 KIDS
ATTN: ELIZA RASSI
8401 NW 53RD TER
DORAL FL 33166-4517

Questions?

Call your Customer Service Officer or Client Services
1-800-AT WELLS (1-800-289-3557)
5:00 AM TO 6:00 PM Pacific Time Monday - Friday

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (182)
PO Box 63020
San Francisco, CA 94163

Account summary

Business Cash Manager

Account number	Beginning balance	Total credits	Total debits	Ending balance
[REDACTED]	\$189,696.51	\$0.00	-\$8,011.15	\$181,685.36

Debits

Electronic debits/bank debits

Effective date	Posted date	Amount	Transaction detail
04/11		50.11	Client Analysis Srvc Chrg [REDACTED] Svc Chge [REDACTED]
		\$50.11	Total electronic debits/bank debits

Checks paid

Number	Amount	Date	Number	Amount	Date	Number	Amount	Date
[REDACTED]	1,904.00	04/07	1182	1,648.32	04/19	[REDACTED]	1,751.34	04/19
[REDACTED]	700.00	04/19	1183	1,957.38	04/19			
	\$7,961.04			Total checks paid				
	\$8,011.15			Total debits				

Daily ledger balance summary

Date	Balance	Date	Balance	Date	Balance
03/31	189,696.51	04/11	187,742.40	04/19	181,685.36
04/07	187,792.51				
	Average daily ledger balance	\$185,717.08			0 *



IMPORTANT ACCOUNT INFORMATION

1181 700.00 +
1182 1,648.32 +
1183 1,957.38 +
1184 1,751.34 +
004 6,057.04 *

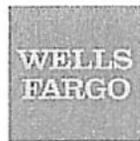
Parks & Police 4 Kids
 BANK RECONCILIATION FORM
 For the Month of : April 2017

DATE: 5/2/2017
 BANK: WELLS FARGO
 BK ACCT #

Beginning Balance	187,792.51	Balance per Bank	181,685.36
Deposits/Credits:		Deposits in Transit:	
Deposit			
Void Checks			
Total	187,792.51	Total	181,685.36
Checks/Debits:		Outstanding Checks:	
Checks # [REDACTED]	6,057.04		
DEBITS	50.11		
Ending Balance	181,685.36	Ending Balance	181,685.36

MM
 5/2/17

J
 5/2/2017



Check Images

THE FRONT AND REVERSE OF THIS CHECK MUST BE REPRODUCED EXACTLY AS SHOWN ON THE FRONT AND REVERSE OF THIS CHECK. ANY ALTERATIONS WILL BE PENALIZED BY THE BANK FOR ADDITIONAL FEES.

PARKS & POLICE 4 KIDS
4300 NW 59TH ST SUITE 202
DORAL, FL 33178

DATE 3/1/2017

PAY TO THE ORDER OF Police Services Middle District School \$ 1,904.00

The thousand nine hundred and four dollars and 00/100 DOLLARS

MEMO Invoice # 3/1/17-3/31/17

REF# [REDACTED] CK# [REDACTED] 1904.00

THE FRONT AND REVERSE OF THIS CHECK MUST BE REPRODUCED EXACTLY AS SHOWN ON THE FRONT AND REVERSE OF THIS CHECK. ANY ALTERATIONS WILL BE PENALIZED BY THE BANK FOR ADDITIONAL FEES.

PARKS & POLICE 4 KIDS
4300 NW 59TH ST SUITE 202
DORAL, FL 33178

DATE 3/1/2017

PAY TO THE ORDER OF City of Doral Pol Dept \$ 700.00

Seven hundred dollars and 00/100 DOLLARS

MEMO City of Doral

REF# [REDACTED] CK# [REDACTED] 700.00

THE FRONT AND REVERSE OF THIS CHECK MUST BE REPRODUCED EXACTLY AS SHOWN ON THE FRONT AND REVERSE OF THIS CHECK. ANY ALTERATIONS WILL BE PENALIZED BY THE BANK FOR ADDITIONAL FEES.

PARKS & POLICE 4 KIDS
4300 NW 59TH ST SUITE 202
DORAL, FL 33178

DATE 3/1/2017

PAY TO THE ORDER OF City of Doral Pol Dept \$ 1,648.32

The thousand six hundred and forty eight dollars and 32/100 DOLLARS

MEMO Invoice # 3/1/17-3/31/17

REF# [REDACTED] CK# [REDACTED] 1648.32

THE FRONT AND REVERSE OF THIS CHECK MUST BE REPRODUCED EXACTLY AS SHOWN ON THE FRONT AND REVERSE OF THIS CHECK. ANY ALTERATIONS WILL BE PENALIZED BY THE BANK FOR ADDITIONAL FEES.

PARKS & POLICE 4 KIDS
4300 NW 59TH ST SUITE 202
DORAL, FL 33178

DATE 3/1/2017

PAY TO THE ORDER OF City of Doral Pol Dept \$ 1,957.38

The thousand nine hundred and fifty seven dollars and 38/100 DOLLARS

MEMO Invoice # 3/1/17-3/31/17

REF# [REDACTED] CK# [REDACTED] 1957.38

THE FRONT AND REVERSE OF THIS CHECK MUST BE REPRODUCED EXACTLY AS SHOWN ON THE FRONT AND REVERSE OF THIS CHECK. ANY ALTERATIONS WILL BE PENALIZED BY THE BANK FOR ADDITIONAL FEES.

PARKS & POLICE 4 KIDS
4300 NW 59TH ST SUITE 202
DORAL, FL 33178

DATE 3/1/2017

PAY TO THE ORDER OF City of Doral Pol Dept \$ 1,751.34

The thousand seven hundred and fifty one dollars and 34/100 DOLLARS

MEMO Invoice # 3/1/17-3/31/17

REF# [REDACTED] CK# [REDACTED] 1751.34

Morgan Insurance Group

13155 SW 42nd St Suite 107
MIAMI, FL 33175
305-222-9001 fax 305-222-9006
ANGELA@MORGANINSGRP.COM

Parks & Police 4 kids Inc
8401 Nw 53RD Ter
Doral, Fl 33166

April 25, 2017

Dear Insured

Attached is the commercial policy offer that is going to expire on 05/16/17 please review the application that is attached with this letter. Please complete, sign, and forward the application to proceed with the purchase of the insurance.

Payment must reach office no later than 05/12/17 to avoid any lapse in coverage. Please make check payable to **Morgan Insurance Group**. Financing is available with a down payment of \$ 250.00

Should you have any questions or need further information, please don't hesitate in contacting our office. We value your business and hope to continue servicing all your insurance needs.

Best Regards,
Angela De-Hart Gomez /

Bass Underwriters, Inc.

INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

<u>DATE ISSUED:</u>	April 19, 2017	
<u>PRODUCER:</u>	Morgan Insurance Group Inc 13155 S.W. 42 St. #107 Miami, FL 33175	
<u>INSURED MAILING ADDRESS:</u>	Parks & Police 4 Kids Inc 8401 NW 53rd Terrace Doral, FL 33166	
<u>INSURER:</u>	ACE Fire Underwriters Insurance Company A++ (Superior) AM Best Rating Admitted	
<u>COVERAGE:</u>	Professional Liability-Brokered-Misc	
<u>POLICY PERIOD:</u>	5/16/2017 TO 5/16/2018	
<u>RENEWAL OF:</u>	NFPFLD390938322	

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS: see attached

	Without Terrorism:	Terrorism
PREMIUM:	\$1,000.00	+
FEES:		
Surplus Lines Tax:		
Service Office Fee:		
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$1,000.00	\$1,000.00

DEDUCTIBLE: see attached

Exhibit B

TERMS / CONDITIONS:

(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached.**

ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **SUBJECT TO:**

Please see attached for terms & conditions

(c) **ENDORSEMENTS:**

Please see attached for endorsements & exclusions.

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

**INSURED: Parks & Police 4 Kids Inc
DATE ISSUED: April 19, 2017
Account Executive: Jonathan Graham
Team: Orlando
Reference #: 1890446A**

X _____
Insured's Signature

Exhibit B

Westchester ACE Fire Underwriters Insurance Company

A Chubb Company

A.M. Best Rated A++ Admitted Carrier

Renewal Quote of: NFPFLD390938322

March 6, 2017

Account: **Parks & Police 4 Kids, Inc.**

To: BASS UNDERWRITERS INC

Attn: Jonathan Graham

From: Express Admin

Not-For-Profit Organization Management Indemnity Package

Insured Persons and Organization Coverage Section

LIMIT of LIABILITY OPTIONS	PREMIUM
<input type="checkbox"/> \$1,000,000	\$811

Employment Practices Liability Coverage Section

LIMIT of LIABILITY OPTIONS	PREMIUM
<input type="checkbox"/> \$1,000,000	\$191

Continuity Date 05-16-2014
Retention \$2,500
Aggregate Limit: \$1,000,000
Additional Side A Limit: \$0
Maximum Aggregate: \$1,000,000

Continuity Date 05-16-2014
Retention \$7,500
Third Party Coverage Included
Third Party Retention \$7,500

This coverage is being written with ACE Fire Underwriters Insurance Company

Insured Persons and Organization and Employment Practices Liability Coverage are provided on a Claims Made basis

Note: If limits selected are higher than expiring, then continuity dates for balance of limits will be the inception date. EPLI is not available on a monoline basis at above rates. Please note the EPLI limit purchased cannot be higher than the D&O limit. Limits are separate and costs, charges and expenses are outside the limit unless otherwise stated.

Coverage Forms

Form Number	Edition	Title
PF18480	0909	SEXUAL MISCONDUCT, CHILD ABUSE, NEGLECT EXCLUSION
PF18481	0705	SEXUAL MISCONDUCT, CHILD ABUSE, NEGLECT EXCLUSION
PF18490	0909	PROFESSIONAL SERVICES ERRORS AND OMISSIONS EXCLUSIONS
PF28169	1009	EMPLOYMENT PRACTICES LIABILITY COVERAGE SECTION
PF28172	1009	INSURED PERSONS AND ORGANIZATION COVERAGE SECTION
PF43412	0614	UNLIMITED EXTENSION
PF43532	0714	GENERAL TERMS AND CONDITIONS
PF43534	0714	KNOWN WRONGFUL ACT, FACT, CIRCUMSTANCE SITUATION EXCLUSION
PF43594	0814	AMENDATORY ENDORSEMENT – FLORIDA
ILP001	0104	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
PF43847	0914	AMENDATORY ENDORSEMENT - FL
ALL20887	1006	ACE PRODUCER COMPENSATION PRACTICES & POLICIES
PF46593	0815	TRADE OR ECONOMIC SANCTIONS ENDORSEMENT
EPLIAssist	0329	EPL Assist

DOQuote

Exhibit B

TR19604d	0115	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
TRIA11c	0115	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
PF45354	0115	Cap On Losses From Certified Acts of Terrorism
ALL42490b	0716	U.S. FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA")

Prior to Bind Requirements

Terms are subject to receipt and favorable review of the following information. Please note that we will not be able to bind coverage until we satisfy all of the below prior to binding:

Payment Plan Options

<input type="checkbox"/> Direct Bill	
<input type="checkbox"/> 1 Payment	100% due 20 days from inception date of policy
<input type="checkbox"/> 2 Payments*	60% due 20 days from inception date. Remaining 40% due 180 days from inception date
<input type="checkbox"/> 4 Payments*	40% due 20 days from inception date. 20% due 90, 180 and 270 days from inception date
<input type="checkbox"/> 10 Payments*	20% due 20 days from inception date. 8.8% due 30, 60, 90, 120, 150, 180, 210, 240 and 270 days from inception date (this payment plan is only offered when premium is \$2,000 or more)
<small>*A \$3.00 installment fee is assessed to all payments after the down payment (FL is \$3.00)</small>	
<input checked="" type="checkbox"/> Producer Bill	Thirty days from inception the net payment will be due to the Insurer from the Agency

We are pleased to offer the attached indication; which will remain valid for 60 days.

Please note this quote represents annual premiums.

If between the date of this Indication and the Effective Date of the policy there is a significant adverse change in the condition of this Applicant, or an occurrence of an event, or other circumstances which could substantially change the underwriting evaluation of the Applicant, then, at the Insurer's option, this quotation may be withdrawn by written notice thereof to Applicant. The Insurer also reserves the right to modify the final terms and conditions upon review of the completed application and any other information requested by the underwriter herein. If such material change in the risk is discovered after binding, the insurance coverage will be void ab initio ("from the beginning").

Thank you for considering Westchester Binding – Micro as your market of choice. We look forward to working with you.

X _____
Insured's Signature

PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

E.T.I./FLORIDA

E.T.I. FINANCIAL CORPORATION
 P.O. BOX 829522
 PEMBROKE PINES, FL 33082
 PH: (954) 510-8008

PLEASE CHECK APPROPRIATE BOX(ES)

CONSUMER-PERSONAL
 COMMERCIAL
 NEW CONTRACT
 ENDORSEMENT TO EXISTING

AMT. RECVD. CK.#	AMT.	DATE RECVD.
AMT. PAID CK.#	AMT.	ACCOUNT NO. 70585062
2		CK'D BY

INSURED: Name and Address (as stated in policy)	PRODUCER: Name and Place of Business
PARKS & POLICE 4 KIDS INC 8401 NW 53 TERR DORAL, FL, 33166 PHONE (305) 222-9001	MORGAN INSURANCE GROUP 13155 SW 42 STREET #107 MIAMI ,FL, 331750000 PHONE (305) 222-9001 AGENT NO. 7588

In consideration of the premium payments to be made by E.T.I. Financial Corporation (hereinafter "E.T.I.") to the listed insurance companies, the named insured promises to pay to the order of E.T.I., the Total of Payments, subject to the provisions hereinafter set forth.

Total Premium	Down Payment	Unpaid Premium Balance	Documentary Stamp Chg.	** ANNUAL PERCENTAGE RATE ** The cost of your credit at a yearly rate	** FINANCE CHARGE ** The dollar amount the credit will cost you	Amount Financed The amount of credit provided to you or on your behalf	Total of Payments Amount you will have paid after you have made all scheduled payments
\$1,000.00	\$250.00	\$750.00	\$2.80	27.15	\$87.71	\$752.80	\$840.51

Total Sales Price The total cost of your credit including your payment	Your Payment Schedule Will Be:	
\$1,090.51	Number of Payments 9	Amount of Payment \$93.39
	When Payments Are Due Monthly starting 06-16-2017 and continuing on the same day of each succeeding month until paid in full.	

SECURITY: You are giving a security interest in the policy(ies) listed below. You have the right to receive an itemization of the amount financed.
LATE CHARGE: See next page, item number (3) three. I want an itemization
PREPAYMENT: If you pay off early, you may be entitled to a refund of part of the finance charge. I do not want an itemization

SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY OR ANNUAL INSTALLMENT	(1) FULL NAME OF INSURANCE COMPANY AND BRANCH OFFICE ADDRESS (2) NAME AND ADDRESS OF GENERAL AGENT TO WHICH POLICY PREMIUMS PAID	CODE	TYPE OF COVERAGE	POLICIES SUBJECT TO AUDIT (✓) YES NO	POLICIES TERMS IN MONTHS COVERED BY PREM	PREMIUM AMOUNT
	05-16-2017	ACE FIRE UNDERWRITERS INS CO MGA:BASS UNDERWRITERS		PROFL LIAB EARNED FEES UNEARNED FEES		12	\$1,000.00 \$0.00 \$0.00

NOTE: NON-PAYMENT MAY RESULT IN CANCELLATION OF ABOVE POLICIES.

Florida documentary stamp tax required by law in the amount indicated above has been paid or will be paid directly to the Department of Revenue. Certificate of Registration #592611508	TOTAL PREMIUM	\$1,000.00
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NOTICE: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE.

THE UNDERSIGNED EXECUTED THIS LOAN AGREEMENT AND RECEIVED A COPY THEREOF THIS 25th day of April, 2017

Policy will be cancelled for Non-Payment
 SIGNATURE OF INSURED (If Corporation, Title of Officer Signing)
 X _____

AGENT CERTIFICATION

The undersigned agent hereby certifies that all policies listed above hereof have been issued and delivered, and that the down payment as shown in the contract has been paid by or on behalf of the Insured, and that all policies listed therein were issued by this agency. The undersigned warrants that the above contract evidences a bona fide and legal transaction; that the insured is of legal age and has capacity to contract, that the signature is genuine and he has delivered a copy of this contract to the Insured. Upon termination of this Agreement or cancellation of any scheduled policies the undersigned agrees to pay the unearned commissions to E.T.I. provided the undersigned is not obligated to pay the same to the scheduled insurance companies or their agents.

FOR FIN. CO. USE

PRINT NAME AND ADDRESS OF AGENT OR BROKER OF THE INSURANCE POLICY(IES) X _____

TERMS AND CONDITIONS

WITNESSETH: That in consideration of the payment by E.T.I. to the respective insurance companies, or their agents, of the balance of the premiums upon the policies of insurance hereinbefore described on the previous page hereof (which policies have been issued and delivered to the Insured at his request), the Insured promises to pay to E.T.I. the amount shown in the completed schedule on the previous page hereon under the caption "Total of Payments", with service charge thereon as in said schedule of Policies provided: and the Insured agrees with E.T.I. as follows:

1. The Insured hereby assigns to E.T.I. as security, all of their right, title and interest in and to each of the insurance policies listed on the previous page hereof, and all rights therein including all dividends, and unearned premiums.
2. The Insured hereby appoints E.T.I., its officers and agents, as their attorney-in-fact with full power and authority to cancel the policies listed on the previous page thereof, for non payment of premium. The insurance companies listed on the previous page, or its authorized agent are hereby authorized and directed, upon the request of E.T.I., to cancel said policies and to pay to the order of E.T.I. the gross unearned or return premiums thereon without proof of default hereunder or breach hereof, up to the amount owing hereunder or as permitted by law. When cancellation by E.T.I. is in accordance with the laws of the State of Florida, E.T.I. is not responsible for consequential damages, and the Insured shall be responsible for costs and attorney's fees in any unsuccessful action filed as a result thereof. The Insured shall remain liable for any deficiency together with interest at the highest allowable legal rate.
3. The Insured agrees to pay a delinquency and collection charge on each installment in default for a period not less than five (5) days in an amount not to exceed \$10.00 or 5 percent of the delinquent installment, whichever is greater, provided that if the premium finance agreement is primarily for personal, family or household purposes, the delinquent and collection charge shall not exceed \$10.00.
4. The Insured understands and agrees that default in payment of any installment hereof for a period of ten (10) days shall be deemed to be a request for cancellation of the policies listed on the previous page. The Insured agrees to pay a reasonable attorney fee not to exceed 20% of the amount due and payable under this agreement if it is referred for collection to an attorney not a salaried employee of E.T.I..
5. The Insured agrees that E.T.I. may endorse the Insureds name on any check or draft for all monies that may become due from the insuring company and apply the same as payment of this agreement, and returning any excess to his/her agent, provided such excess is an amount equal to or greater than One Dollar.
6. In the event a payment is made by a check or draft and is returned because of insufficient funds to pay it, the Insured agrees to pay E.T.I. an additional fifteen dollars (\$15.00).
7. If a policy listed on the previous page hereof is not issued at the time this agreement is executed, the Insured gives E.T.I. authority to fill in the name of the insuring company or authorized agent, policy number and the due date of the first payment. Upon request of the Insured, E.T.I. may advance to the insured's agent or the insuring company any additional premiums that may become due, less normal down payment, adding the advance amount, plus any finance charge, to the Insured's present contract.
8. The Insured recognizes and agrees that E.T.I. is a lender and not an insurer and that E.T.I. assumes no liability hereunder as an insurer. The Insured understands and agrees that the agent who solicited the policies is not an agent of E.T.I. The Insured agrees that all payments hereunder shall be made directly to E.T.I. and payment by the Insured to any other person, firm, insurance agent, or insurance company shall not constitute payment to E.T.I. This Contract will be construed by the laws of the State of Florida.
9. E.T.I. shall have the right to accept any payment or payments from the Insured after notice of cancellation has been sent to the Insurance company(ies) and may hold such monies for the Insured or apply them as a reduction of the indebtedness hereunder and neither the acceptance nor the application of any such payment or payments shall constitute an undertaking on the part of E.T.I. to reinstate such insurance or constitute a waiver of any default hereunder. In the event that E.T.I. requests reinstatement of such Insurance, E.T.I. assumes no responsibility that such request will be received or honored by the insurance company, and the Insured must verify the existence of coverage directly with the insurance company or its agent.
10. If the balance of the amount due under this contract is paid off prior to maturity, then the insured may receive a refund of the finance charge, after first deducting \$20, based on the rule of 78's. No refund need be made if it is less than \$1.00.
11. This contract is subject to approval and acceptance by E.T.I. and if not approved and accepted it is to be returned. Issuing checks for the policies listed on the previous page hereof to the agent or Insurer or paying a draft will be considered acceptance.
12. This contract may be assigned and the holder or assignee has the same rights as E.T.I.
13. **ARBITRATION:** Any claim, dispute or controversy (whether in contract, tort, or otherwise) arising from or relating to this Agreement or the relationships which result from this Agreement, including the validity or enforceability of this arbitration clause or any part thereof or of the entire Agreement ("Claim"), shall be resolved, upon the election of you or by us, by binding arbitration pursuant to this arbitration provision and the Code of Procedure of the National Arbitration Forum in effect at the time the Claim is filed. Rules and forms of the National Arbitration Forum may be requested by writing to, and all Claims shall be filed at, any National Arbitration Forum office or at: Post Office Box 50191, Minneapolis, Minnesota 55405. Our address for service of process hereunder is: President, E.T.I. Financial Corporation, 2825 N University Drive, Coral Springs, FL 33065. Any participatory arbitration hearing that you attend will take place in the city nearest to your residence where a federal district court is located or such other location as you and we may mutually agree. This arbitration agreement is made pursuant to a transaction involving interstate commerce, and shall be governed by the Federal Arbitration Act, 9 U.S.C. Sections 1-16. Each party shall bear the expense of their respective attorney's fees, regardless of which party prevails. The arbitrator shall apply relevant law and provide written reasoned, findings of fact and conclusions of law. The parties agree that the award shall be kept confidential. Judgment upon the award may be entered in any court having jurisdiction. **THE PARTIES AGREE THAT THEY HAD A RIGHT TO LITIGATE CLAIMS THROUGH A COURT, BUT THAT THEY AGREE TO HAVE AN ELECTION TO RESOLVE ANY CLAIMS THROUGH ARBITRATION, AND THEY HEREBY WAIVE THEIR RIGHTS TO LITIGATE CLAIMS IN A COURT UPON ELECTION OF ARBITRATION BY EITHER PARTY.**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning E.T.I. is the Federal Trade Commission, 730 Peachtree Street, N.E., Room 800, Atlanta, Georgia 30308.

NOTICE: SEE THE PREVIOUS PAGE FOR IMPORTANT INFORMATION



Credit/ Debit Card Payment Authorization Form

Name on account: Park & Police 4 Kids INC.

Name on credit card: _____

Billing street Address: _____

City: _____ State: _____ Zip Code: _____

Credit card number: _____

Expiration Date: _____

Security Code (cvv) : _____

Card Type (Circle): VISA AMEX DISCOVER MASTERCARD

Amount Due: \$ 1,000.00 or \$ 250.00

Processing fee (2.89%) : _____

Total charge: _____

Card Holder signature:  Date: _____

By signing this form, I hereby authorize Morgan insurance to charge the credit card or debit card account for the total charge stated above.

Morgan Insurance Group
13155 SW 42nd St Suite 107 Miami, FL 33175
Ph. (305)222-9001 Fax. (305)222-9006



Memo

Date: Monday, May 8th, 2017

From: Director Elizabeth Canchola

To: Parks & Police 4 Kids Foundation Board Directors

Re: 2016-2017 Afterschool Program - Report

As of the end of April we are servicing 34 students at Renaissance Middle Charter School in Doral. The cost of the program at the same date is: \$27,191.20. We will add to that the cost of the end of year field trip and printing of certificates for each child.

For the end of year Field Trip for the group, we will include all 34 children, 2 teachers and 9 police officers attending, the trip will be to Bowlero at Dolphin Mall. The cost of this field trip is \$15.72 per person, this price includes: 2 hours of bowling, 2 slices of pizza and soft drinks for everyone. Total for Field Trip is \$707.40 to be approved by the Board.

On June 1st, 2017 we will have the PP4K Afterschool Graduation Ceremony at RMCS. (All Directors are invited to attend). Proposed Certificate of Completion is attached.