PROFESSIONAL SERVICES AGREEMENT
BETWEEN
CITY OF DORAL
AND
BEHAVIOR LINKS, INC.

THIS AGREEMENT (the "Agreement") is made effective as of the 3 day of September, 2026 (the " Effective Date"), by and between the **CITY OF DORAL**, a Florida municipal corporation, (the "CITY"), and **BEHAVIOR LINKS, INC.** a Florida corporation (the "CONTRACTOR").

WHEREAS the CONTRACTOR will provide a Special Needs Adult Enrichment Program for the CITY, as further described in Exhibit "A" attached hereto (the "Services "); and

WHEREAS the CITY desires to engage the CONTRACTOR to perform the Services and deliverables as specified herein.

NOW, THEREFORE, in consideration of the mutual covenants and conditions contained herein, the CONTRACTOR and the CITY agree as follows:

1. **Scope of Services.**
   1.1. CONTRACTOR shall provide the Services set forth herein and as specified in Exhibit "A," in a professional manner and in accordance with all federal, state, and local laws.

2. **Term/Commencement Date.**
   2.1. The term of this Agreement shall be from the date of execution of this Agreement until June 4, 2027, ("Initial Term") unless earlier terminated in accordance with Section 6.
   2.2. CONTRACTOR agrees that time is of the essence and CONTRACTOR shall complete the Services within the term of this Agreement, unless extended by the City Manager in writing.

3. **Compensation and Payment.**
   3.1. The CITY agrees to pay the CONTRACTOR for the Services rendered in accordance with the terms set forth in Exhibit "D," attached hereto and incorporated herein.
   3.2. CONTRACTOR shall deliver an invoice, along with any other information required under this Agreement, to CITY detailing the Services completed. The CITY shall pay the CONTRACTOR in accordance with the Florida Prompt Payment Act after approval and acceptance of the Services by the City Manager. Invoices submitted without the required back-up material or information may result in delayed payment.

4. Subcontractors.

4.1. The CONTRACTOR shall be responsible for all payments to any subcontractors and shall maintain responsibility for all work related to the Services.

4.2. CONTRACTOR may only utilize the services of a subcontractor with the prior written approval of the City Manager, which approval may be granted or withheld in the City Manager's reasonable discretion.

5. Responsibilities; Representations and Warranties.

5.1. The CONTRACTOR shall exercise the same degree of care, skill and diligence in the performance of the Services as is ordinarily provided by a CONTRACTOR under similar circumstances.

5.2. The CONTRACTOR hereby warrants and represents that, at all times during the term of this Agreement, it shall maintain in good standing all required licenses, certifications and permits required under Federal, State and local laws applicable to and necessary to perform the Services for CITY as an independent CONTRACTOR of the CITY.

5.3. The CONTRACTOR further warrants and represents that it has the required knowledge, expertise, and experience to perform the Services and carry out its obligations under this Agreement in a professional and first-class manner.

5.4. The CONTRACTOR represents that is an entity validly existing and in good standing under the laws of Florida. The execution, delivery and performance of this Agreement by CONTRACTOR have been duly authorized, and this Agreement is binding on CONTRACTOR and enforceable against CONTRACTOR in accordance with its terms. No consent of any other person or entity to such execution, delivery and performance is required.

6. Termination.

6.1. The City Manager, without cause, may terminate this Agreement upon thirty (30) calendar days written notice to the CONTRACTOR, or may terminate immediately with cause if CONTRACTOR fails to cure any breach after written notice with fourteen (14) day opportunity to cure.

6.2. Upon receipt of the CITY's written notice of termination for convenience, CONTRACTOR shall stop providing Services effective immediately, unless otherwise directed by the City Manager.

6.3. The CONTRACTOR shall transfer all books, records, reports, working drafts, documents, maps, and data pertaining to the Services to the CITY, if any, in a hard copy and electronic format within fourteen (14) days from the date of written notice of the termination or expiration of this Agreement.

7. Insurance.

7.1. The CONTRACTOR shall secure and maintain, at its sole cost and expense, for the entire duration of this Agreement (including extension periods and renewal terms as applicable), minimum insurance coverage of such types and in such amounts as required in Exhibit "B," incorporated herein by reference. CONTRACTOR's insurance coverage shall not contain

exclusions or limitations inconsistent with the scope of Services under this Agreement, or conflict with the scope of protection afforded to the CITY, its officials, employees or volunteers.

The City's prescribed minimum insurance requirements shall not limit the liability of the CONTRACTOR. The CITY does not represent the required minimum insurance coverage types or limits to be sufficient or adequate to protect the CONTRACTOR's interests or liabilities.

7.2. All insurance shall be issued by insurers authorized to do business in the State of Florida and must be rated "A-" and "Class VII", or better, by the latest edition of A.M. Best. The CITY reserves the right, but not the obligation, to reject any insurer providing coverage due to poor or deteriorating financial condition.

7.3. **Certificates of Insurance (COI)**, along with applicable forms and required endorsements, shall be provided to the CITY at the time of execution of this Agreement and prior to commencement of Services. The CITY reserves the right to request certified copies of all required insurance policies as needed to verify coverage. The CITY reserves the right to amend or modify insurance requirements in order to sufficiently address the scope of Services, risk exposure, or changes in market conditions.

- **Notice of Cancellation**. All required insurance policies shall contain the provision or endorsement to provide thirty (30) days' written notice of cancellation, non-renewal, or material change to the CITY (except for ten (10) days' notice for non-payment of premium).
- **Additional Insured**. The CITY, its elected officials, officers, employees, agents, and volunteers shall be named Additional Insureds on all of the CONTRACTOR's liability insurance policies as applicable for ongoing and completed operations.

Certificate Holder: City of Doral
8401 NW 53rd Terrace
Doral, FL 33166

- **Primary and Non-Contributory**. All of the CONTRACTOR's required insurance coverage shall be primary to and not contribute to any insurance or self-insurance maintained by the CITY.
- **Waiver of Subrogation**. All required insurance policies shall contain the provision or endorsement wherein a waiver of subrogation shall apply in favor of the CITY where permitted by law.

7.4. **Deductibles**. All deductibles or self-insured retentions must be declared to and be reasonably approved by the CITY. The CONTRACTOR shall be responsible for the payment of any deductible or self-insured retentions in the event of any claim.

7.5. **Subcontractors' Compliance**. It is the responsibility of the CONTRACTOR to ensure that any and all persons fulfilling the Services of this Agreement, whether employed, contracted, temporary or subcontracted, comply with

and maintain all minimum insurance requirements prescribed herein, including required policy endorsements as applicable, and naming the CITY, its elected officials, officers, employees, agents, and volunteers as Additional Insured.

7.6. The CONTRACTOR shall not commence Services until all required insurance coverage has been verified for compliance by the CITY's Risk Management Division.

7.7. These insurance requirements shall not limit the liability of the CONTRACTOR, its employees, agents, or subcontractors (if applicable). All indemnification provisions shall survive termination of this Agreement.

7.8. Failure to procure, maintain or comply with the CITY's minimum insurance requirements, or failure to provide acceptable proof of insurance shall constitute a material breach of contract. Any exceptions or waivers to the minimum insurance requirements must be approved in writing by the Office of the City Manager.

8. Nondiscrimination.

8.1. During the term of this Agreement, CONTRACTOR shall not discriminate against any of its employees or applicants for employment because of their race, color, religion, sex, or national origin, and will abide by all Federal and State laws regarding nondiscrimination.

9. Fees and Waiver of Jury Trial.

9.1. In the event of any litigation arising out of this Agreement, the prevailing party shall be entitled to recover its attorney's fees and costs, including the fees and expenses of any paralegals, law clerks and legal assistants, and including fees and expenses charged for representation at both the trial and appellate levels.

9.2. IN THE EVENT OF ANY LITIGATION ARISING OUT OF THIS AGREEMENT, EACH PARTY HEREBY KNOWINGLY, IRREVOCABLY, VOLUNTARILY AND INTENTIONALLY WAIVES ITS RIGHT TO TRIAL BY JURY.

10. Indemnification.

10.1. CONTRACTOR shall indemnify and hold harmless the CITY, its officers, agents and employees, from and against any and all demands, claims, losses, suits, liabilities, causes of action, judgment or damages, arising from CONTRACTOR's performance or non-performance of any provision of this Agreement, including, but not limited to, liabilities arising from contracts between the CONTRACTOR and third parties made pursuant to this Agreement.

CONTRACTOR shall reimburse the CITY for all its expenses including reasonable attorney's fees and costs incurred in and about the defense of any such claim up through and including any appeals, or investigation and for any judgment or damages arising from CONTRACTOR's performance or non-performance of this Agreement. It is specifically understood and agreed

that this indemnification clause exempts CONTRACTOR from the above obligations to the extent caused by CITY's own negligent or intentionally wrongful acts or omissions, breaches of this Agreement, or obligations arising from statue or operation of law, including, but not limited to, the duty to maintain the public right of way free from dangerous conditions.

10.2. Nothing contained in this Agreement is intended to serve as a waiver of sovereign immunity by the CITY nor shall anything included herein be construed as consent to be sued by third parties in any matter arising out of this Agreement or any other contract. The CITY is subject to section 768.28, Florida Statutes, as may be amended from time to time.

10.3. The provisions of this section shall survive termination of this Agreement.

11. Notices/Authorized Representatives.

Any notices required by this Agreement shall be in writing and shall be deemed to have been properly given if transmitted by hand-delivery, by registered or certified mail with postage prepaid return receipt requested, or by a private postal service, addressed to the parties (or their successors) at the addresses listed on the signature page of this Agreement or such other address as the party may have designated by proper notice.

12. Governing Law and Venue.

This Agreement shall be construed in accordance with and governed by the laws of the State of Florida. Venue for any proceedings arising out of this Agreement shall be proper exclusively in Miami-Dade County, Florida.

13. Entire Agreement/Modification/Amendment.

13.1. This writing contains the entire Agreement of the parties and supersedes any prior oral or written representations. No representations were made or relied upon by either party, other than those that are expressly set forth herein.

13.2. No agent, employee, or other representative of either party is empowered to modify or amend the terms of this Agreement, unless executed with the same formality as this document.

14. Ownership and Access to Records and Audits.

14.1. CONTRACTOR acknowledges that all inventions, innovations, improvements, developments, methods, designs, analyses, drawings, reports, compiled information, and all similar or related information (whether patentable or not) which specifically and exclusively relate to Services to the CITY which are conceived, developed or made by CONTRACTOR during the term of this Agreement "Work Product" belong to the CITY.

14.2. CONTRACTOR agrees to keep and maintain public records in CONTRACTOR's possession or control in connection with CONTRACTOR's performance under this Agreement. The City Manager or her designee shall, during the term of this Agreement and for a period of three (3) years from the date of termination of this Agreement, have access to and the right to examine and audit any records of the CONTRACTOR

involving transactions related to this Agreement. CONTRACTOR additionally agrees to comply specifically with the provisions of Section 119.0701, Florida Statutes. CONTRACTOR shall ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed, except as authorized by law, for the duration of the Agreement, and following completion of the Agreement until the records are transferred to the CITY.

14.3. Upon request from the CITY's custodian of public records, CONTRACTOR shall provide the CITY with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided by Chapter 119, Florida Statutes, or as otherwise provided by law.

14.4. Unless otherwise provided by law, any and all records, including, but not limited to, reports, surveys, and other data and documents provided or created in connection with this Agreement are and shall remain the property of the CITY.

14.5. Upon completion of this Agreement or in the event of termination by either party, any and all public records relating to the Agreement in the possession of the CONTRACTOR shall be delivered by the CONTRACTOR to the City Manager, at no cost to the CITY, within fourteen (14) days. All such records stored electronically by CONTRACTOR shall be delivered to the CITY in a format that is compatible with the CITY's information technology systems. Once the public records have been delivered upon completion or termination of this Agreement, the CONTRACTOR shall destroy any and all duplicate public records that are exempt or confidential and exempt from public records disclosure requirements.

14.6. Any compensation due to CONTRACTOR shall be withheld until all records are received as provided herein.

14.7. CONTRACTOR's failure or refusal to comply with the provisions of this section shall result in the immediate termination of this Agreement by the CITY.

14.8. IF CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTTRACTOR SHALL CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT TELEPHONE NUMBER 305-693-6730, VIA EMAIL TO CONNIE.DIAZ@CITYOFDORAL.COM, AND MAILING TO THE CITY OF DORAL GOVERNMENT CENTER 8401 NW 53RD TERRACE, DORAL, FL 33166.

14.9. CONTRACTOR shall notify CITY and label or otherwise identify any and all materials and records which would be trade secrets or proprietary information that would be exempt as defined by Florida Statutes and provide a sworn affidavit from a person with personal knowledge attesting that the exempted documents constitute trade secrets within the meaning of Section 812.081, Florida Statutes, and stating the factual basis for the same. Pursuant to Section 815.045, Florida Statutes, the CITY shall not disclose and shall maintain the confidentiality of any records which constitute a trade secret or proprietary information as defined by Florida Statutes.

15. Non-Assignability.

This Agreement shall not be assignable by CONTRACTOR unless such assignment is first approved by the City Manager.

16. Severability.

If any term or provision of this Agreement shall to any extent be held invalid or unenforceable, the remainder of this Agreement shall not be affected thereby, and each remaining term and provision of this Agreement shall be valid and be enforceable to the fullest extent permitted by law.

17. Independent Contractor.

The CONTRACTOR and its employees, volunteers and agents shall be and remain an independent CONTRACTOR and not an agent or employee of the CITY with respect to all of the acts and services performed by and under the terms of this Agreement. This Agreement shall not in any way be construed to create a partnership, association or any other kind of joint undertaking, enterprise or venture between the parties.

18. Compliance with Laws.

The CONTRACTOR shall comply with all applicable laws, ordinances, rules, regulations, and lawful orders of public authorities in carrying out Services under this Agreement, and in particular shall obtain all required permits from all jurisdictional agencies to perform the Services under this Agreement at its own expense.

19. Waiver.

The failure of either party to this Agreement to object to or to take affirmative action with respect to any conduct of the other which is in violation of the terms of this Agreement shall not be construed as a waiver of the violation or breach, or of any future violation, breach or wrongful conduct.

20. Survival of Provisions.

Any terms or conditions of either this Agreement that require acts beyond the date of the term of the Agreement, shall survive termination of the Agreement, shall remain in full force and effect unless and until the terms or conditions are completed and shall be fully enforceable by either party.

21. Prohibition of Contingency Fees.

The CONTRACTOR warrants that it has not employed or retained any company or person, other than a bona fide employee working solely for the CONTRACTOR, to solicit or secure this Agreement, and that it has not paid or agreed to pay any person(s), company, corporation, individual or firm, other than a bona fide employee working solely for the CONTRACTOR, any fee, commission, percentage, gift, or any other consideration, contingent upon or resulting from the award or making of this Agreement.

22. Public Entity Crimes Affidavit.

Pursuant to Florida Statutes Section 287.135, and subject to limited exceptions contained therein, a company is ineligible to, and may not, bid on, submit a proposal for, or enter into or renew a contract with an agency or local governmental entity for goods or services if at the time of bidding, submitting a proposal for, or entering into or renewing a contract, the company is on the Scrutinized Companies that Boycott Israel List or is engaged in the boycott of Israel. CONTRACTORs must certify that the company is not participating in a boycott of Israel. Any contract for goods or services of One Million Dollars ($1,000,000) or more shall be terminated at the CITY's option if it is discovered that the company submitted a false certification, or at the time of bidding, submitting a proposal for, or entering into or renewing a contract, is listed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Terrorism Sectors List, created pursuant to Florida Statute Section 215.473, or is or has been engaged in business operations in Cuba or Syria, after July 1, 2018. CONTRACTOR shall execute and provide the City with a certification, in a form acceptable to the CITY, certifying compliance with this provision. Additionally, the CONTRACTOR agrees to observe the above-referenced requirements for applicable subcontracts entered into for the performance of work under this Agreement.

23. Force Majeure.

Neither party shall be considered in default in performance of its obligations hereunder to the extent that performance of such obligations, or any of them, is delayed or prevented by Force Majeure. Force Majeure shall include, but not be limited to, hostility revolution, civil commotion, epidemic, fire, flood, hurricane or tropical storm, earthquake, explosion, or any act of God; provided that the cause whether or not enumerated in this Section is beyond the reasonable control and without the fault or negligence of the party seeking relief under this Section.

24. Counterparts.

This Agreement may be executed in several counterparts, each of which shall be deemed an original and such counterparts shall constitute one and the same instrument.

25. Audits.

CONTRACTOR agrees to provide access to CITY or any of its duly authorized representatives, to any books, documents, papers, and records of

CONTRACTOR which are directly pertinent to the performance of this Agreement, for the purpose of audit, examination, excerpts, and transcripts. The CITY may, at reasonable times, and for a period of up to three (3) years following the date of final payment by the CITY to CONTRACTOR audit and inspect, or cause to be audited and inspected, those books, documents, papers, and records of CONTRACTOR which are related to Contractor's performance under this Agreement. CONTRACTOR agrees to maintain any and all such books, documents, papers, and records at its principal place of business for a period of three (3) years after final payment is made under this Agreement and all other pending matters are closed. CONTRACTOR's failure to adhere to, or refusal to comply with, this condition shall result in the immediate cancellation of this Agreement by the CITY.

26. E-Verify Affidavit.

The CONTRACTOR must comply with the Employment Eligibility Verification Program (the "E-Verify Program")developed by the federal government to verify the eligibility of individuals to work in the United States and 48 CFR 52.222-54 (as amended) is incorporated herein by reference. If applicable, in accordance with Subpart 22.18 of the Federal Acquisition Register, the CONTRACTOR must (1) enroll in the E-Verify Program, (2) use E-Verify to verify the employment eligibility of all new hires working in the United States; (3) use E-Verify to verify the employment eligibility of all employees assigned to the Agreement; and (4) include this requirement in certain subcontracts, such as construction. Information on registration for and use of the E-Verify Program can be obtained via the internet at the Department of Homeland Security Web site: http://www.dhs.gov/E-Verify.

The CONTRACTOR shall also comply with Florida Statute 448.095, which directs all public employers, including municipal governments, and private employers with 25 or more employees to verify the employment eligibility of all new employees through the U.S. Department of Homeland Security's E-Verify System, and further provides that a public entity may not enter into a contract unless each party to the contract registers with and uses the E-Verify system. Florida Statute 448.095 further provides that if a CONTRACTOR enters into a contract with a subcontractor, the subcontractor must provide the CONTRACTOR with an affidavit stating that the subcontractor does not employ, contract with, or subcontract with an unauthorized alien. In accordance with Florida Statute 448.095, CONTRACTOR, if it employs more than 25 employees, is required to verify employee eligibility using the E-Verify system for all existing and new employees hired by CONTRACTOR during the contract term. Further, CONTRACTOR must also require and maintain the statutorily required affidavit of its subcontractors. It is the responsibility of CONTRACTOR to ensure compliance with E-Verify requirements (as applicable). To enroll in E-Verify, employers should visit the E-Verify website (https://www.e-verify.gov/employers/enrolling-in-e-verify) and follow the instructions. CONTRACTOR must retain the I-9 Forms for inspection, and provide an executed E-Verify Affidavit, which is attached hereto as Exhibit "C".

In accordance with Section 448.095, Florida Statutes, the CITY requires all CONTRACTORs doing business with the CITY to register with and use the E-Verify system to verify the work authorization status of all newly hired employees. The CITY will not enter into a contract unless each party to the contract registers with and uses the E-Verify system.
The contracting entity must provide of its proof of enrollment in E-Verify. For instructions on how to provide proof of the contracting entity's participation/enrollment in E-Verify, please visit:

https://www.e-verify.gov/faq/how-do-i-provide-proof-of-my-participationenrollment-in-e- verify.

By entering into this Agreement, the CONTRACTOR acknowledges that it has read Section 448.095, Florida Statutes; will comply with the E-Verify requirements imposed by Section 448.095, Florida Statutes, including but not limited to obtaining E-Verify affidavits from subcontractors; and has executed the required affidavit attached hereto and incorporated herein.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

[SIGNATURE PAGES FOLLOW]

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed the day, and year as first stated above.

CITY OF DORAL

By: _____
Name: Zeida C. Sardinas
City Manager

Attest:

By: _____
Name: Connie Diaz
City Clerk

Approved as to form and legal sufficiency:

By: _____
Name: Lorenzo Cobiella
City Attorney

City Resolution No. 26-01

CONTRACTOR:
BEHAVIOR LINKS, INC.

By: _____
Name: Liliana Dietsch-Vazquez
Title: President
Date: 09/03/2026

STATE OF **FLORIDA**
COUNTY OF ~~**MIAMI-DADE**~~ Broward

Acknowledged before me on this 3rd day of September, 2026,

by Liliana Dietsch-Vazquez, on behalf of CONTRACTOR, who

☐ Is personally known to me; or
☒ Has produced identification (type of ID produced): Florida Drivers License

Signature of Notary Public

DANNY MONTENEGRO
Notary Public - State of Florida
Commission # HH 331713
My Comm. Expires Nov 14, 2026

Print, Type or Stamp Name of Notary Public

Expiration Date: 11/14/2026

Attachments:

- Exhibit A - Scope of Services
- Exhibit B - Insurance Requirements
- Exhibit C - E-Verify Affidavit
- Exhibit D - Program Proposal

Exhibit A

Scope of Services

Section 1- Provider Responsibilities

1.1 The Provider's services shall be performed on the days and hours set forth on the Program Proposal submitted for such services, such form set forth as Exhibit D hereto.

1.2 The Program shall take place at Doral Legacy Park, located at 11400 NW 82nd Street, Doral, Florida 33178. City shall designate the location where the services will be performed.

1.3 The Program participant capacity shall be fifteen (15) participants with the Provider meeting minimum student enrollment of eight (8 participants).

1.4 This Program was designed at the request of Doral residents and Doral residents shall be afforded registration priority. ***The Provider agrees to take daily attendance of all students registered for the program.***

1.5 Participants may register on a month-to-month basis. Provider shall not charge any participant a penalty or fee for withdrawing from the Program.

1.6 The City shall be responsible for all participant registration and payment collection for the Program. The Provider shall accept as payment the fees remitted by the City based on the agreed-upon program cost. Provider may not charge more than the approved amount listed on **Exhibit "D".**

1.7 The Provider warrants to City that it is not insolvent, it is not in bankruptcy proceedings or receivership, nor is it engaged in or threatened with any litigation or other legal or administrative proceedings or investigations of any kind which would have an adverse effect on its ability to perform its obligations under this Agreement.

1.8 The Provider agrees that they shall be solely responsible for all costs and /or expenses associated with, or as a result of its operation under this Agreement. The Provider shall stipulate and certify that he/she is qualified to teach the course he/she is hired to teach, maintains the education and required licenses or permits necessary to teach the class and shall continue to maintain such licenses or permits during the tenure of this Agreement.

1.9 This Agreement is considered a non-exclusive Agreement between the Parties. The City shall have the right to purchase the same kind of services to be provided by the Provider from other sources during the term of this Agreement. The Provider is not precluded from providing the same or similar services for other parties so long as such other engagements do not interfere with the Provider's provision of services to the City.

1.10 ***Department approval is required for any promotional material, flyers, and posters advertising the program prior to its release. The Provider shall also comply with the City's Ordinance No. 2006-02 entitled "Littering" in reference to Section #2-Handbills.***

1.11 The Provider shall not promote any privately owned business in a City park/facility or solicit any participant in a City park/facility for any privately owned business. The Provider may not use said facilities to conduct personal business including workshops, clinics, seminars, camps, or any other activities that are outside the scope of service described in Program Request Form for such class**.** It is further understood that such action(s) may result in immediate termination of the Agreement and the forfeiture of all compensation due to the Provider.

1.12 The Provider shall abide by the rules and regulations of the Department as promulgated from time to time. ***Provider understands and agrees that the Department shall have first priority for use of said facilities, notwithstanding any other provisions of this Agreement.*** The City reserves the right to cancel game or practice sessions for City sanctioned activities or events and agrees to notify Provider of said cancellations in writing.

1.13 All assistants, substitutes, and additional instructors utilized by the Provider must have prior written approval of the Department. The Department or City may require that the Provider not be permitted to utilize specific assistants, substitutes, or additional instructors who have failed to follow the Department rules.

1.14 Provider shall provide necessary supervisory personnel to ensure that the participants of the program obey all Department Rules and Regulations.

1.15 The Department or City may require that the Provider not be permitted to utilize specific assistants, substitutes, or additional instructors who have failed to follow the Department rules.

1.16 Although the City shall not control the instructor's techniques, methods, procedures, or sequence of instruction, the Provider will endeavor to comply with the City's and

Department's policies and procedures so as not to interfere with their operation, harm or damage the equipment or facilities afforded to Provider for his/her class or to otherwise disrupt the other on-site activities being offered at such public facilities.

1.17 The Provider also acknowledges that he or she is primarily responsible for the conduct of the students in all classes under his or her charge.

1.18 If the Provider will be providing Services directly with minor children without parental supervision, the Provider shall, prior to commencing Services under this Agreement, comply with the City's policy regarding criminal background screening in accordance with Chapter 435, Florida Statutes, Level II screening. The result of the inquiry may be deemed acceptable by the City in its sole and complete discretion. *If the Provider has recently had a background screening conducted by another agency, the City, at its sole discretion, may accept that background screening and waive the requirement of a new background screening*.

1.18 Provider will be subject to Program Quality Assessments by City.

EXHIBIT "B"
INSURANCE REQUIREMENTS

MINIMUM INSURANCE REQUIREMENTS

I. Commercial General Liability

A. Limits of Liability

Bodily Injury & Property Damage Liability	
Each Occurrence	$1,000,000
Policy Aggregate (Per job or project)	$2,000,000
Personal & Advertising Injury	$1,000,000
Products & Completed Operations	$1,000,000

B. Endorsements Required

City of Doral listed as an additional insured.	
Primary Insurance Clause Endorsement	
Waiver of Subrogation in favor of City	
Sexual Abuse and Molestation	$1,000,000
Premises and Operations Liability	

No limitation on the scope of protection afforded to the City, its officials, employees, or volunteers.

II. Business Automobile Liability (If Applicable)

A. Limits of Liability

Bodily Injury and Property Damage	
Combined Single Limit	
Any Auto/Owned Autos or Scheduled Autos	
Including hired and Non-Owned Autos	
Any One Accident	$300,000

B. Endorsements Required

City of Doral listed as an additional insured

III. Workers Compensation

Statutory- State of Florida

Employer's Liability

A. Limits of Liability

$100,000 for bodily injury caused by an accident, each accident.
$100,000 for bodily injury caused by disease, each employee.
$500,000 for bodily injury caused by disease, policy limit.

Workers Compensation insurance must be provided for all persons fulfilling this contract, whether employed, contracted, temporary or subcontracted.

Workers Compensation Insurance is required for all persons fulfilling this contract, whether employed, contracted, temporary or subcontracted.

Waiver of Subrogation in favor of the City.

IV. **Umbrella/Excess Liability (Excess Follow Form)** can be utilized to provide the required limits. Coverage shall be "following form" and shall not be more restrictive than the underlying insurance policy coverages, including all special endorsements and City as Additional Insured status. Umbrella should include Employer's Liability.

V. **Crime Insurance/Fidelity Bonds – Third Party (If Applicable)**
Crime Insurance or Fidelity Bonds covering theft of the City's monies, securities, or products in the amounts of:

Per Employee/Incident	$50,000

VI. **Accident Medical/Participant Legal Liability (If Applicable)** $25,000 Limit/Excess

Subcontractors' Compliance: It is the responsibility of the Contractor to ensure that all Subcontractors comply with all insurance requirements.

All above coverage must remain in force and Certificate of Insurance on file with City without interruption for the duration of this agreement. Policies shall provide the City of Doral with 30 days' written notice of cancellation or material change from the insurer. If the policies do not contain such a provision, it is the responsibility of the Contractor to provide such notice within 10 days of the change or cancellation.

Certificate Holder: City of Doral, Florida
8401 NW 53rd Terrace
Doral, FL 33166

Certificates/Evidence of Property Insurance forms must confirm insurance provisions required herein. Certificates shall include Agreement, Bid/Contract number, dates, and other identifying references.

Insurance Companies must be authorized to do business in the State of Florida and must be rated no less than "A-" as to management, and no less than "Class VII" as to financial strength, by the latest edition of AM Best's Insurance Guide, or its equivalent.

Coverage and Certificates of Insurance are subject to review and verification by City of Doral Risk Management. City reserves the right but not the obligation to reject any insurer providing coverage due to poor or deteriorating financial condition. The City reserves the right to amend insurance requirements in order to sufficiently address the scope of services. These insurance requirements shall not limit the liability of the Contractor/Vendor. The City does not represent these types or amounts of insurance to be sufficient or adequate to protect the Contractor/Vendor's interests or liabilities but are merely minimums.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/07/2026

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

Lugones Insurance Group LLC
1806 North Flamingo Road, Suite 300
Pembroke Pines, FL 33028

CONTACT NAME:
PHONE (A/C, No, Ext): (954)501-0103 FAX (A/C, No): (954)343-6376
E-MAIL ADDRESS: josh@lugonesgroup.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Normandy Insurnace Company	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Behavior Links, Inc.
P.O. BOX 297855
Pembroke Pines, FL 33029

COVERAGES **CERTIFICATE NUMBER:** **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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED.***Not Applicable in WY**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A	Y	NHFL0213642026	08/01/2026	08/01/2027	X PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)						E.L. EACH ACCIDENT	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000

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

Location address: 11400 NW 82 Street, Doral, FL 33178

CERTIFICATE HOLDER

City of Doral
8401 NW 53 Terrace
Doral, FL 33166

CANCELLATION

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

JLU

ACORD 25 (2025/12)

Printed by JLU on August 07, 2026 at 12:28PM

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy . We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perfrom work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

City of Doral
8401 NW 53 Terrace
Doral, FL 33166

FOR WORK COMPLETED IN THE STATE OF FLORIDA

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated .

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective: 08/10/2026 Policy No.: NHFL0213642026 Endorsement No.: 4

Policy Effective Date: 08/01/2026 to 08/01/2027 Premium: $1,874.00

Insured: Behavior Links, Inc

DBA:

Insurance Company: Normandy Insurance Company

NCCI Carrier Code: 29803 Countersigned by:_____

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/17/2026

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		CONTACT NAME:	Taelor Ransbrug	
The Cothron Group		PHONE (A/C, No, Ext):	(407) 536-5326	FAX (A/C, No):
1540 International Pkwy		E-MAIL ADDRESS:	Taelor@tcg-ip.com	
Suite 2000		INSURER(S) AFFORDING COVERAGE		NAIC #
Lake Mary	FL 32746	INSURER A :	Nonprofit Insurance Alliance (NIA)	10023
INSURED		INSURER B :		
Behavior Links		INSURER C :		
Po Box 297855		INSURER D :		
		INSURER E :		
Pembroke Pines	FL 33029	INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** CL2671404085 **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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. ***Not Applicable in WY**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] ImproperSexualConduct $1M/$1M GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y	Y	02-CP-0038722-01-00	08/01/2026	08/01/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 500,000 $ 20,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY	Y		02-CP-0038722-01-00	08/01/2026	08/01/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $

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

The General Liability Policy has blanket additional insured coverage when required by written contract.

Please note: Any contract signed by the insured, cannot amend or change the coverages already agreed upon by the insured and insurance carrier which are listed in the policy. Anything outside of the coverages listed in the Policy, would have to be requested by endorsement. *

CERTIFICATE HOLDER

City of Doral, Florida
8401 NW 53rd Terrace
Doral FL 33166

CANCELLATION

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

AXIS INSURANCE COMPANY

STATEMENT OF COVERAGE
Alliance Member Services

Underwritten by:
AXIS INSURANCE COMPANY
233 S Wacker Drive, Suite, 4930
Chicago, IL 60606

Administered by-as Agent:
ACRISURE MID-ATLANTIC XS PROGRAM INSURANCE AGENCY, LLC.
1265 Drummers Lane, Suite 300
Wayne, PA 19087

This Statement of Coverage confirms that Blanket Accidental Death and Dismemberment and Accident Medical Expense coverages are provided to Covered Persons volunteering with the Participating Volunteer Organization (Organization) named below, under Policy #SRPOAGI-ACR50000, issued by AXIS Insurance Company to Policyholder: Alliance Member Services

Organization Name	Behavior Links, Inc
Address:	PO Box 297855 Pembroke Pines, Florida 33029,
Organization Number	AC00011626
Organization's Coverage Term	8/1/2026 To 7/31/2027

Covered Persons An Eligible Person is an individual who is:

1. designated and recorded as a Volunteer or a Participant by the Subscriber or Participating Organization; and

2. participating in a volunteer project, program or activity sponsored by the Subscriber or a Participating Organization

3. whose Participating Organization has selected a Plan on the Participating Organization Master Application for Blanket Accident Insurance..

Coverage for participating organizations is effective as per the Effective Date and Expiration Date shown on the Participating Organization Application. No new registered volunteers will be accepted after the end of the Policy Term shown on the face page of the Policy.

Covered Activities Performance of duties required to carry out assignments made by the Policyholder or the Organization, including travel to, during and from those assignments.

AD&D Principal Sum - $50,000

Covered Loss must occur within	365 days of the Covered Accident
Covered Loss	**Benefit Amount**
Death by Accidental Means	100% of the Principal Sum
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of Speech and Hearing (in Both Ears)	100% of the Principal Sum
Loss of One Hand or Foot and Sight in One Eye	100% of the Principal Sum
Loss of One Hand or Foot	50% of the Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum
Loss of Speech	50% of the Principal Sum

This Statement of Coverage is for descriptive purposes only and does not provide a complete summary of coverage. Please check the Master Policy for complete plan details and Schedule of Benefits. Consult the applicable insurance policy for specific terms, conditions, limits, limitations and exclusions to coverage. In the event of a conflict between this summary and the Master Policy, the Master Policy governs.

Loss of Hearing (in Both Ears)	50% of the Principal Sum
Loss of Thumb and Index Finger of the same Hand	25% of the Principal Sum
Loss of all Four Fingers of the Same Hand	25% of the Principal Sum
Loss of all Toes of the Same Foot	
Heart Failure	25% of the Principal Sum
20% of the Principal Sum	

Paralysis Benefit

Paralysis must occur within	365 days of the Covered Accident
Benefit Amount	
Quadriplegia	50% of the Principal Sum
Paraplegia	50% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Uniplegia	25% of the Principal Sum

Exposure and Disappearance	**Included**

This Statement of Coverage is for descriptive purposes only and does not provide a complete summary of coverage. Please check the Master Policy for complete plan details and Schedule of Benefits. Consult the applicable insurance policy for specific terms, conditions, limits, limitations and exclusions to coverage. In the event of a conflict between this summary and the Master Policy, the Master Policy governs.

Scope of Coverage Applicable to Accident Medical Benefits

Any benefit limits and benefit percentages apply, unless otherwise specified, on a per Insured Person – per Covered Loss basis. Any applicable Deductibles must be satisfied within the time periods specified before benefits are payable.

Full Excess Medical Expense	
Other Health Care Plan Reduction	50%
Total Maximum for all Accident Medical Benefits	Class 1 - $25,000
First Covered Expenses must be incurred within	60 days after the Covered Accident
Benefit Period	52 weeks from the date of the Covered Accident
Deductible	Class 1 - $0

COMMON EXCLUSIONS

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits Section or Conditions of Coverage Section:

1. intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;
5. flight in, boarding or alighting from an Aircraft, except as a passenger on a regularly scheduled commercial airline;
6. travel in any Aircraft owned, leased operated or controlled by the Subscriber, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Subscriber if the Aircraft may be used as the Subscriber wishes for more than 10 straight days, or more than 15 days in any year;
7. sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, (including exposure, whether or not Accidental, to viral, bacterial or chemical agents) whether the loss results directly or non directly from the treatment except for any bacterial infection resulting from an Accidental external cut or wound or Accidental ingestion of contaminated food;
8. voluntary ingestion of any poison, gas or fumes;
9. injuries compensable under Workers' Compensation law or any similar law;
10. the voluntary use of illegal drugs; the intentional taking of over the counter medication not in accordance with recommended dosage and warnings instructions; and intentional misuse of prescription drugs;
11. the Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in His blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether He is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer's report, or similar items will be considered proof of the Insured Person's intoxication;
12. an Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
13. aggravation, during a Covered Activity, of an injury the Insured Person suffered before participating in that Covered Activity unless the Company receives a written medical release from the Insured Person's Physician;
14. a cardiovascular, event or stroke resulting, directly and independently of all other causes, from exertion, as verified by a Physician, while the Insured Person participates in a Covered Activity;
15. medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of a Covered Injury; or
16. benefits will not be paid for services or treatment rendered by any person who is:
    a. employed or retained by the Subscriber;
    b. living in the Insured Person's household;
    c. an Immediate Family Member, including Eligible Domestic Partner of either the Insured Person or the Insured Person's Spouse or Eligible Domestic Partner;
    d. the Insured Person.

This Statement of Coverage is for descriptive purposes only and does not provide a complete summary of coverage. Please check the Master Policy for complete plan details and Schedule of Benefits. Consult the applicable insurance policy for specific terms, conditions, limits, limitations and exclusions to coverage. In the event of a conflict between this summary and the Master Policy, the Master Policy governs.

Claims Procedures

1. Send the completed and signed AXIS Accident Claim Form to the claims administrator as soon as you receive notice that an injury has occurred. The Organization needs to complete and sign Part I of the Claim form. The claimant must complete Part II and sign Part III. Include a copy of Part 1 of the Statement of Coverage with the Claim Form.

2. Since this program provides coverage for accident medical expenses that are in "excess" of any other Health Care Plan the claimant has, all claims must be submitted to the claimant's primary insurance carrier first. If the claimant has no other insurance, this program will act like primary coverage.

3. Itemized bills for all medical expenses, referred to as a "HCFA" from a doctor's office or a "UB92" from a hospital, must be provided to the Claims Administrator in order for the claim to be processed.

4. The claimant's primary insurance will send the claimant an Explanation of Benefits (EOB) for all submitted expenses. Copies of all such EOBs must also be submitted to the Claims Administrator in order for claims to be processed under this program.

Claims Administrator:	Health Special Risk, Inc. 4100 Medical Parkway Suite 200 Carrollton, TX 75007
Toll Free Number:	1-866-408-3361
E-mail:	Claims@hsri.com

PARTICIPATING ORGANIZATION MASTER APPLICATION FOR BLANKET ACCIDENT INSURANCE

Application is hereby made for a plan of INSURANCE based on the following statements and representations:

Part 1 – Policyholder

Name: Alliance Member Services	Policy Term: 1 Year
Master Policy Number: SRPOAGI-ACR50000	

Part 2 – Participating Organization Information

Participating Organization Policy Number:	AC00011626
Requested Effective Date: 8/1/2026	Expiration Date: 7/31/2027
Legal Name of Applicant: Behavior Links, Inc	
Complete Street Address: PO Box 297855 Pembroke Pines, Florida 33029	

Part 3 – Participating Organization Coverage

SCHEDULE OF BENEFITS

The following is a brief outline of the coverage and benefits provided by this Policy. If there is any conflict between the information in this Application and the Policy, the Policy will control in all respects. Please read the Conditions of Coverage and Description of Benefits sections of the Policy for full details.

Eligible Persons: Class 1

Class 1:
An Eligible Person is an individual who is:
1. designated and recorded as a Volunteer or a Participant by the Subscriber or Participating Organization; and
2. participating in a volunteer project, program or activity sponsored by the Subscriber or a Participating Organization
3. whose Participating Organization has selected a Plan on the Participating Organization Master Application for Blanket Accident Insurance.

Coverage for participating organizations is effective as per the Effective Date and Expiration Date shown on the Participating Organization Application. No new participants will be accepted after the end of the Policy Term shown on the face page of the Policy

CONDITIONS OF COVERAGE: Policyholder Coverage

Class 1: Participating in all activities which have been sanctioned and approved by the Subscriber.

Benefits

Plan	**B**
AD&D Principal Sum	$50,000
Aggregate Limit of Indemnity	$1,000,000
Accident Medical Benefit	$25,000
Accident Medical Deductible	$0

Annual Premium: $ 150.00

Your Policy is underwritten by AXIS Insurance Company. The Policy is a legal contract between the Policyholder and AXIS Insurance Company. The Policyholder maintains a copy of the Policy. If there is any conflict between the information in this Application and the Policy, the Policy will control in all respects.

Part 4—Disclosures; Applicant's Acceptance of Terms

The terms and conditions of the requested plan of insurance may vary in certain states as required by the laws of those states. The terms of the policy when issued will govern. It is agreed the insurance applied for will not become effective unless a) this application is received and approved by AXIS Insurance Company based on current rules and requirements; b) the policy is accepted by the applicant; and c) the required premium is paid when due.

The applicant represents the information contained in this application is true and correct and forms the basis of the requested insurance.

Any person who knowingly who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

PARTICIPATING ORGANIZATION SIGNATURE	Signature On File
LICENSED BROKER/AGENT SIGNATURE	Patrick McGovern Aegis General Insurance Agency

Important Notice

- ***In General, and specifically for residents of Arkansas, Illinois, Louisiana, Rhode Island and West Virginia:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ***For Residents of Alabama:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines and confinement in prison, or any combination thereof.
- ***For residents of California***: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- ***For residents of Colorado:*** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- ***For residents of the District of Columbia:*** *WARNING:* It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- ***For residents of Florida:*** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- ***For residents of Kentucky:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- ***For residents of Maine, Tennessee and Washington:*** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- ***For residents of Maryland:*** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ***For residents of New Hampshire***: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
- ***For residents of New Jersey:*** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- ***For residents of New Mexico:*** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- ***For residents of New York:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any

materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

- ***For residents of Ohio:*** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- ***For residents of Oklahoma:*** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- ***For residents of Oregon:*** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
- ***For residents of Pennsylvania:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- ***For residents of Texas:*** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

- ***For resident of Virginia:*** Any person who with the intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a false or deceptive statement may have violated state law.

CITY OF DORAL
HUMAN RESOURCES DEPARTMENT / RISK MANAGEMENT DIVISION
VENDOR AFFIDAVIT OF NO AUTOMOBILE USE

(Request for Waiver of Automobile Liability Insurance Requirement)

Disclaimer Regarding Waiver of Automobile Liability Insurance: The City may waive the requirement for Automobile Liability Insurance only upon receipt of a fully executed and notarized "Affidavit of No Automobile Use," and a Hired/Non-Owned Auto endorsement on their Commercial General Liability insurance coverage (proof of endorsement is required). The determination to waive this coverage is made solely at the City's discretion. If the scope of work changes at any time such that a motor vehicle is used in connection with the agreement and/or services provided on City property, the Vendor shall immediately notify the City, obtain the required Automobile Liability Insurance, and provide acceptable proof of coverage prior to commencing any vehicle-related operations. Submission of the affidavit does not relieve the Vendor of its obligation to maintain any other insurance required by the agreement.

I, the undersigned (the "Vendor"), being duly sworn, hereby certify, represent, and affirm under penalty of perjury that the statements contained herein are true and correct.

The Vendor certifies that **no commercial, leased, rented, borrowed, hired, personally owned, or otherwise operated motor vehicle** will be used by the Vendor, its owners, officers, directors, employees, volunteers, agents, subcontractors, independent contractors, or any person acting on its behalf, on City property and in connection with the performance of the scope of services detailed in its agreement with the City of Doral.

Specifically, the Vendor certifies that **no motor vehicle** will be used for any purpose related to the agreement, including, but not limited to:

- Transportation of employees, volunteers, agents, subcontractors, or other personnel;

- Transportation of participants, clients, students, spectators, or members of the public;
- Transportation, delivery, pickup, or removal of supplies, materials, equipment, tools, merchandise, inventory, displays, furnishings, tents, inflatables, staging, generators, signage, or any other property;
- Mobilization, demobilization, setup, installation, assembly, disassembly, teardown, cleanup, or removal of equipment;
- Deliveries before, during, or after the event or services;
- Any errands, inspections, site visits, or travel performed in connection with the agreement;
- Any other activity arising out of or related to the performance of the agreement.

The Vendor further certifies that:

1. All goods, materials, equipment, and supplies necessary to perform the services are already located at the work site or will be made available without the use of any motor vehicle by or on behalf of the Vendor.

2. Neither the Vendor nor anyone acting on its behalf will operate a motor vehicle on City property or elsewhere in connection with the agreement.

3. The Vendor understands that this Affidavit is being relied upon by the City of Doral in determining that Automobile Liability Insurance is not required for this agreement.

4. Should the Vendor's operations change at any time before or during performance of the agreement such that any motor vehicle becomes necessary for any purpose related to the agreement, the Vendor shall immediately notify the City's Risk Management Division in writing **before** such vehicle is used.

5. Upon such notification, the Vendor agrees that Automobile Liability Insurance meeting the City's minimum insurance requirements shall be obtained, acceptable evidence of coverage shall be provided to the City, and written approval from the City shall be received before any vehicle-related operations commence.

6. The Vendor understands that failure to comply with this Affidavit may constitute a material breach of the agreement and may result in suspension of work, termination of the agreement, denial of access to City property, withholding of payment, or any other remedy available under the agreement to the extent permissible by law.

7. The Vendor agrees to defend, indemnify, and hold harmless the City of Doral, its elected officials, officers, employees, agents, and volunteers from any claims, damages, liabilities, losses, costs, or expenses arising from any false statement contained in this Affidavit or from any unauthorized vehicle use in connection with the agreement.

I understand that knowingly making a false statement in this Affidavit may subject me to civil and criminal penalties under applicable law.

I certify under penalty of perjury that the foregoing statements are true and correct.

Behavior Links, Inc.

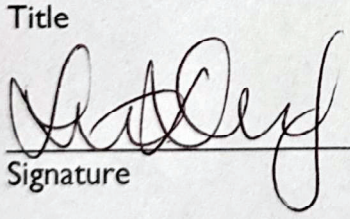
Vendor Name

Liliana Dietsch-Vazquez

Authorized Representative (Print Name)

Executive Director / President

Title



Signature

8/31/2026

Date

NOTARY ACKNOWLEDGMENT

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 31 day of AUGUST, 2026, by LILIANA DIETSCH-VAZQUEZ, as EXECUTIVE DIRECTOR of BEHAVIOR LINKS, INC., who is personally known to me or has produced FL DRIVER LICENSE as identification.

Notary Public, State of Forida

NATHALIA PEREA.

Printed Name

My Commission Expires: Feb 29, 2028

(Notary Seal)

NATHALIA PEREA GONZALEZ
Notary Public - State of Florida
Commission # HH 498302
My Comm. Expires Feb 29, 2028

EXHIBIT "C"

E-VERIFY AFFIDAVIT

Florida Statute 448.095 directs all public employers, including municipal governments, to verify the employment eligibility of all new public employees through the U.S. Department of Homeland Security's E-Verify System, and further provides that a public employer may not enter into a contract unless *each* party to the contract registers with and uses the E-Verify system.

Florida Statute 448.095 further provides that if a contractor enters into a contract with a subcontractor, the subcontractor must provide the contractor with an affidavit stating that the subcontractor does not employ, contract with, or subcontract with an unauthorized alien.

In accordance with Florida Statute 448.095, all contractors doing business with the City of Doral, Florida, are required to verify employee eligibility using the E-Verify system for all existing and new employees hired by the contractor during the contract term. Further, the contractor must also require and maintain the statutorily required affidavit of its subcontractors. It is the responsibility of the awarded vendor to ensure compliance with E-Verify requirements (as applicable). To enroll in E-Verify, employers should visit the E-Verify website (https://www.e-verify.gov/employers/enrolling-in-e-verify) and follow the instructions. The contractor must, as usual, retain the I-9 Forms for inspection.

By affixing your signature below, you hereby affirm that you will comply with E-Verify requirements.

Behavior Links, Inc.
Company Name

Offeror Signature Date

Liliana Dietsch-Vazquez CED
Print Name Title

26-4079119
Federal Employer Identification Number (FEIN)

Notary Public Information

Sworn to and subscribed before me on this this 31st day of July, 2024.

By: Liliana Dietsch-Vazquez, who

☐ Is personally known to me or

☒ Has produced identification (type of ID produced): Driver License

ELISABETH MORALES
Notary Public - State of Florida
Commission # HH 699516
My Comm. Expires Jul 17, 2029

Signature of Notary Public
Print or Stamp of Notary Public Expiration Date

Rev. 6-21-2024

Adult IDD Enrichment Program Budget Proposal (FY 2026) _ City of Doral

Submitting Organization	Behavior Links
Contact Name	Liliana Dietsch-Vazquez
Title	Executive Director
Email	Liliana@behaviorlinks.org
Phone	954-237-3340
Date Submitted	November 21, 2025
Available Start Date	Earliest March 2026
Program Months	September through May (9 months)

This document details the complete operational and financial plan for launching and sustaining a dedicated, 9.5-month day program serving adults with Intellectual and Developmental Disabilities (IDD), *including one week before the program starts and one week after the program concludes for the year*. This budget is structured to ensure continuity of service by guaranteeing 9.5 months of stable employment for the core staff team, minimizing turnover risks, and utilizing donated facility space.

Commitment to Program Integrity & Enrollment: For the program to launch, a minimum enrollment of 8 participants must be secured. Furthermore, to ensure the necessary financial stability required to guarantee staff salaries and avoid turnover (which breaks vital rapport and trust), the City may consider a participant commitment agreement.

While the fee is calculated based on an 80% enrollment rate (12 participants), the program is open to discussing adjustments to variable costs (Section 4) should enrollment fall below this threshold (but above the 8-participant minimum). Changes in the number of staff will depend on the participants' level of support need (e.g. a 1:5 or 1:3 ratio) and at least 6 weeks' advance notice. Crucially, any changes to personnel costs or consulting/special programs (Section 2) must be avoided as much as possible to ensure staff retention, prevent delays in specialized therapeutic support, and maintain the vital rapport and trust between staff and participants.

This rate allows the program to secure stable staffing for the entire operational period while providing a highly competitive and responsible price point for the city.

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Section 1: Budget Assumptions & Program Model

The budget maintains essential personnel as a **fixed cost** to ensure staff stability. The increased staff-to-participant ratio further ensures high-quality, individualized attention.

Assumption	Value / Justification	Budget Impact
Program Length	9.5 Months (including 1 week prior and post of the 9-month program)	Variable program costs and staff pay are calculated based on this 9.5-month period
Target Capacity	15 Participants/Day (Maximum capacity)	**Fixed Staffing:** Personnel costs are calculated based on staff required to serve this maximum capacity.
Enrollment Rate	Expectation of average 80% capacity (12 Participants/Day)	**Conservative Revenue:** Revenue projections are based on this conservative rate to ensure financial viability maintaining direct care staff of 1:4.
Staff Ratio	1:4 (4 Staff for 15 Participants)	**Quality Assurance:** Ensuring superior individualized care for all support needs. The average of 1:4 is to account for 1:5 and 1:3 groups.
Operational Days	195 operational days per cycle (11 holidays)	Establishes the annual operational basis.
Daily Operations	8:30am - 3:00pm	6.5 hours per day
Direct Care Ratio	1:5 and 1:3 (3-4 Direct Care Staff for 15 Participants)	Quality Assurance: Ensures high-quality, focused individualized support.

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Section 2: Fixed Personnel Costs (Annual)

Personnel is a *fixed annual cost* to ensure staff are salaried and retained for the full 9.5 months, regardless of monthly enrollment variations. Salaries are projected based on the full-time employment of 4 key staff members necessary to run the program at maximum capacity (1 Program Director, 1 Program Assistant, and 2 Support Staff) plus a monthly consulting therapist.

The Employer Burden (10.5%) covers mandatory payroll taxes and workers' compensation. As a 501(c)(3) non-profit, the program is exempt from Federal Unemployment Tax (FUTA). The 10.5% includes FICA (Social Security/Medicare), Workers' Compensation, and a conservative reserve for reemployment tax under the reimbursement method.

Staff Position	**9.5 Month Salary**	**# of Staff**	**9.5 Month Subtotal Salary**	**Employer Burden (10.5%)**	**Total Cost**
Program Director	$55,000	1	$55,000	$6,825	$71,825
Program Assistant	$38,500	1	$38,500	$4,725	$43,225
Support Staff	$31,000	2	$62,000	$7,770	$69,770
Part-Time Admin. Asst.	$6,600 (10 hrs/wk at $16/hr)	1	$6,600	$874	$7,474
FTE Personnel Subtotal		***5***	***$162,100***	***$20,194***	***$192,294***
Consulting Therapist*	$5,400 ($600/month)	N/A	$5,400	N/A	$5,400
Monthly Special Programs^	$4,050 (9 sessions at $450/session)	N/A	$4,050	N/A	$4,050
TOTAL Personnel Subtotal					**$201,744**

**Consulting Therapist: Covers staff training, individualized accommodation requirements per activity, behavioral support review, specialty support, and resource development throughout 9 months.*

^The monthly specials provide vital program enrichment by offering participants exposure to diverse skills and arts led by professionals (e.g. Adaptive Yoga, Music Therapy, Digital Art, Beginner Horticulture, Culinary Arts, Pottery). Organized as one theme per month. It fosters community inclusion, enhances specialized therapeutic engagement, and supports the development of new functional and recreational skills.

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Section 3: Fixed Operating Costs (Annual)

These costs are necessary to maintain administrative and compliance functions. Facility rent and utilities are **excluded** due to the space being donated by the city.

Category	Calculation/Justification	Annual Cost
Program Liability Insurance	Annual policy premium (automatic for a full year)	$3,000
Professional Services (Accounting)	Annual fees for payroll and accounting services	$1,400
Background Checks	$90 per staff (5 staff)	$450
Office Supplies & Software	Laptop, Printing, Paper, Cleaning Supplies, Program Software Licenses, etc.	$2,000
Professional Training	Staff certification and annual development, including CPR/First Aid certification for all direct care staff.	$1,500
Operating Subtotal		**$8,350**

Section 4: Variable Program Costs (Annual)

These costs fluctuate based on the number of participants per week. Costs are calculated based on 49 Operational Weeks per year.

Category	Frequency	Cost per Occurrence	Total Occurrences	Annual Cost
Activity Supplies	Weekly	$100.00/week	39 Weeks	$3,900
Monthly Outing	Monthly	$475.00/trip*	9 Trips	$4,275
Local Community Outing	Bi-Weekly	$190.00/trip**	20 Trips	$3,800
Transportation	Bi-Weekly	$150.00/trip^	20 Trips	$3,000
Snacks & Refreshments	Monthly (Special Event)	$150.00/month^^	9 Months	$1,350
Variable Subtotal				**$16,325**

**Monthly Outing Cost:* 15 participants + 4 staff = 19 attendees $25 each = $475.00 per trip.

***Local Outing Cost (within City of Doral):* 15 participants + 4 staff = 19 attendees $10 each = $190.00 per trip.

^City of Doral Trolley will be used when available and appropriate for the outing.

^^Participants provide their own lunch and drinks. This budget is strictly for planned weekly special events.

Section 5: Total Program Request & Revenue

Total Annual Expenditure

Cost Category	Total Annual Cost
Personnel (Fixed)	$201,744
Operating (Fixed and Variable)	$8,350
Program (Variable)	$16,325
TOTAL ANNUAL EXPENSE	**$226,419**

RESOLUTION No. 26-01

A RESOLUTION OF THE MAYOR AND THE CITY COUNCIL OF THE CITY OF DORAL, FLORIDA, AUTHORIZING THE CITY MANAGER TO ENTER INTO AN AGREEMENT WITH BEHAVIOR LINKS, INC. FOR THE PROVISION OF A SPECIAL NEEDS ADULT ENRICHMENT PROGRAM IN AN AMOUNT NOT TO EXCEED TWO HUNDRED TWENTY SIX THOUSAND, FOUR HUNDRED NINETEEN DOLLARS AND 00/100 ($226,419.00); PROVIDING FOR IMPLEMENTATION; PROVIDING FOR INCORPORATION OF RECITALS; AND PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, the City of Doral (the "City"), through its Parks and Recreation Department, offers a variety of special needs programming for youth and adult including a sanctioned adult day training program; and

WHEREAS, through feedback from participants and parents the Parks & Recreation Department determined there was a need to offer a more flexible adult enrichment program to meet the needs of other adults that require alternative curriculums, flexible schedules and more specialized attention in addition to the formal adult day training program; and

WHEREAS, the Parks and Recreation Department held meetings with various providers and parents and obtained a program proposal from Behavior Links to provide a 9.5 month enrichment program for adults with special needs in an amount not to exceed Two Hundred Twenty-Six Thousand, Four Hundred Nineteen Dollars and 00/100 ($226,419.00).

NOW THEREFORE, BE IT RESOLVED BY THE MAYOR AND THE CITY COUNCIL OF THE CITY OF DORAL, FLORIDA, AS FOLLOWS:

Section 1. Recitals. The above recitals are confirmed, adopted, and incorporated herein and made a part hereof by this reference.

Section 2. Approval & Authorization. The City Council hereby approves and

authorizes the City Manager to negotiate and enter into an agreement with agreement with Behavior Links, Inc. for the provision of providing a special needs adult enrichment program in an amount not to exceed Two Hundred Twenty Six Thousand, Four Hundred Nineteen Dollars and 00/100 ($226,419.00), subject to the terms and conditions acceptable to the City Manager and City Attorney.

Section 3. Implementation. The City Manager and City Attorney are authorized to take any additional actions necessary to implement this Resolution, including making any modifications, executing any documents and addendums as necessary to effectuate this Resolution, provided that such actions remain consistent with the Council's intent.

Section 4. Effective Date. This resolution shall take effect immediately upon adoption.

The foregoing Resolution was offered by Councilmember Reinoso who moved its adoption. The motion was seconded by Councilmember Pineyro and upon being put to a vote, the vote was as follows:

Mayor Christi Fraga	Yes
Vice Mayor Digna Cabral	Yes
Councilman Rafael Pineyro	Yes
Councilwoman Maureen Porras	Absent
Councilwoman Nicole Reinoso	Yes

PASSED AND ADOPTED this 15 day of January, 2026.

CHRISTI FRAGA, MAYOR

ATTEST:

CONNIE DIAZ, MMC
CITY CLERK

APPROVED AS TO FORM AND LEGAL SUFFICIENCY
FOR THE USE AND RELIANCE OF THE CITY OF DORAL ONLY:

LORENZO COBIELLA
GASTESI, LOPEZ, MESTRE & COBIELLA, PLLC
CITY ATTORNEY