

# 2021 SUMMER AFFILIATING AGREEMENT GUIDELINES

Miami-Dade County Public Schools – School Operations  
Linda Amica-Roberts, Ph. D.



# Summer Affiliating Agreements Checklist



## Affiliating Agreement for Educational Services 2020-2021 Summer Affiliating Agreement Checklist



Miami-Dade County Public Schools – School Operations  
Linda Amica-Roberts, Ph. D., Administrative Director  
1450 NE 2<sup>nd</sup> Avenue, Miami, Florida 33132  
(305) 995-1945

Name of Organization: \_\_\_\_\_

The following documents are needed to begin processing an affiliating agreement.


- Principal(s) Email of Interest
- Form 6103 (Rev. 08-20)
- Section 1 and Section 2  
COVID Plan (separate document) to ensure CDC, State and Federal Guidelines are being met for the following: arrival and dismissal procedures, restroom procedures, social distancing, hand sanitizing stations, sanitization protocols before students enter the classrooms and during switching of rooms, isolation procedures and if a staff and/or student expresses symptoms- procedures and protocols, PPE daily distribution, snack distribution, etc. Please note: Organizations are responsible for germicidal sanitization products.
- Parental Consent Form including parental signature, emergency contact information, persons authorized for pick up, and how students will be picked up from your program.
- Late Pick-Up Procedures
- Memorandum of Funding
- Certificate of Liability Insurance
- Sunbiz.org
- Resolution (memo and/or letter of official business letterhead) for each Agreement signed by a party not listed on the "Officer/Director Details" for the organization, as listed on the Annual Report filed with the Division of Corporation.

# Section 1

# Section 2


# On-Site Summer Affiliating Agreements





**MIAMI-DADE COUNTY PUBLIC SCHOOLS**  
School Operations – Contracted Services

**SUMMER AFFILIATING AGREEMENT**



**SECTION 1**  
*(Description of What the M-DCPS School Site Shall Provide)*


Name of Organization: \_\_\_\_\_

The M-DCPS school site shall provide:

- Classroom space and designated rooms, as available and approved by the principal, for summer school program implementation.


Name of School	Number of Rooms	Rooms Numbers

- Ensure the organization completes the Facilities Usage Agreement Application Process <https://www.communityuse.com/default.asp?acctnum=374392310>
- Provide information and support to ensure that an application for daily breakfast and lunch are coordinated and provided by Miami-Dade County Public Schools- Department of Food and Nutrition.
- Provide the organization with the following consent forms:
  - Permission for Release of Record and/or Information from Records (FM-1867E)
  - Consent Form for Mutual Exchange of Information (FM-2128)
  - M-DCPS Permission for Parental Consent for Media Release (FM-7489)
- Make available to students, materials provided by the organization for summer school recruitment (i.e., flyers, brochures, etc.)
- Principal will ensure and request evidence that the organization's staff have been fingerprinted and cleared through Miami-Dade County Public Schools.
- Provide the organization with curriculum training information to support the intervention and enrichment lessons to students during the summer program.



**MIAMI-DADE COUNTY PUBLIC SCHOOLS**  
School Operations – Contracted Services

**AFFILIATING AGREEMENT ATTACHMENT**



**SECTION 2**  
*(Description of What the Organization Shall Provide)*

Name of Organization: \_\_\_\_\_

The Organization shall provide:

- Summer school services for students, free of charge, at the following schools:
- Summer School Services: School House Model (in-person/virtual)

**DATES OF SUMMER SERVICES**

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

Name of School	Days of Service	Time	Student Qualification (Grades)	Maximum # of Students

- The organization will participate in the curriculum training; in order to support the intervention and enrichment lessons to students during the summer program.
- The organization will partner with Miami-Dade County Public Schools to implement a summer camp curriculum model consisting of core content materials.

# Off-Site Summer Affiliating Agreements



- Collaborate with Miami-Dade County evaluation needs relevant to the program guidelines below



## ORGANIZATION

## DESCRIPTION OF

The M-DCPS school

- Provide lunch area of Food
- Provide intervention
- Provide lessons



MIAMI-DADE COUNTY PUBLIC SCHOOLS



## THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA DISTRICT/SCHOOL OPERATIONS AFFILIATING AGREEMENT

FOR SERVICES AT

- ON-CAMPUS
- OFF-CAMPUS

**Instructions:** Complete this form for agreements between Miami-Dade County Public Schools, public agencies and private businesses to offer educational programs.

This Affiliating Agreement is entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by and

Between \_\_\_\_\_, \_\_\_\_\_  
Name of Organization Address

\_\_\_\_\_, hereinafter referred to as the Organization and The School  
City/State/Zip Code

Board of Miami-Dade County, Florida, for School Operations.

## TERMS OF AGREEMENT

The agreement shall commence on June 24, 2021 and shall terminate on July 30, 2021. In the event of an issue involving health, safety or welfare of Program participants, The School Board may terminate the Agreement immediately.

## NATURE OF ORGANIZATION'S SERVICE

The organization provides summer camp services with enrichment and field trips activities. The organization will partner with Miami-Dade County Public Schools to provide intensive small group tutoring and interventions to students in the areas reading and math. Miami-Dade County Public Schools will utilize a push in model by providing on-site certified teachers and/or interventionists to implement a district approved summer curriculum and activities.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/21/2015

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 POLICY 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		FAX	
	PHONE		(A/C. No.)	
	(A/C. No. Ext.)		(A/C. No.)	
	E-MAIL ADDRESS			
	ADDRESS			
INSURED	INSURER A:			
	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E:			
	INSURER F:			

2. **M-DCPS IS LISTED AS AN ADDITIONAL INSURED**

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

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 EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

FORM & TR	TYPE OF INSURANCE	ADDITIONAL INSURED (IND) / WAIVED (WVD)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Li. GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROTECT <input type="checkbox"/> LOC. <input type="checkbox"/> OTHER	Y	02LX0964144531	5/2/2015	5/2/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP (Per one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> MIXED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		01CA99996561	5/2/2015	5/2/2019	COMBINED SINGLE LIMIT (Per occurrence) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB. <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB. <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED. <input type="checkbox"/> RETENTIONS		02LX0960131470	5/2/2015	5/2/2019	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A If "N", describe under DESCRIPTION OF OPERATIONS below		WC20100016005	1/6/2015	1/6/2019	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYER \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

3. **Miami-Dade County Public Schools**  
**1501 NE 2nd Avenue, Room 335**  
**Miami, FL 33132**

CERTIFICATE HOLDER

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  
*Crystal Company*

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# Sample of Certificate of Liability Insurance Form



# Search Records

## Corporations, Limited Liability Companies, Limited Partnerships, and Trademarks

Search by:

- > [Name](#)
- > [Officer/Registered Agent](#)
- > [Registered Agent Name](#)
- > [Trademark Name](#)
- > [Trademark Owner Name](#)
- > [FEI/EIN](#)
- > [Detail by Document Number](#)
- > [Zip Code](#)
- > [Street Address](#)

Need help with your search?

[Corporation Records Search Guide](#)

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No Events No Name History

### Detail by Entity Name

Florida Limited Liability Company  
RAINDROP JEWELS LLC

#### Filing Information

Document Number	L20000193929
FEI/EIN Number	NONE
Date Filed	07/08/2020
State	FL
Status	ACTIVE

#### Principal Address

10 SE 14TH ST  
APT. 2  
DANIA BEACH, FL 33004

#### Mailing Address

10 SE 14TH ST  
APT. 2  
DANIA BEACH, FL 33004

#### Registered Agent Name & Address

REGISTERED AGENTS INC.  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702

#### Authorized Person(s) Detail

##### Name & Address

Title AMBR

SILGNENA, MANOUCHKA R  
10 SE 14TH ST APT. 2  
DANIA BEACH, FL 33004

#### Annual Reports

No Annual Reports Filed

#### Document Images

[07/08/2020 -- Florida Limited Liability](#)



# Sample of Division of Corporation Active Status