

APPROPRIATIONS CONTRACT

THIS CONTRACT is made and entered into on _____, by the City of Pompano Beach (“City”) and BRAZILIAN BUSINESS GROUP INC., a Not For Profit Corporation authorized to do business in the State of Florida (“Recipient”).

WHEREAS, the City of Pompano Beach has appropriated for its current Fiscal Year 2020-21 (October 1st through September 30th), the sum of \$10,000 to Recipient, to conduct a program entitled or activity as described in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description” (collectively the “Work”) attached hereto and incorporated herein by reference, for the period beginning upon full execution by the parties and ending September 30, 2021; and

WHEREAS, the City Commission finds that entering into this Contract serves a valid public purpose as Recipients shall perform or provide a service that is beneficial to the residents of the City, and that the City is currently not in a position to provide such services on its own; and

WHEREAS, it is in the best interest of the City to enter into this contract with Recipient to provide the Work hereunder in accordance with the terms and conditions set forth herein; and

NOW, THEREFORE, in consideration of those mutual promises and the terms and conditions set forth hereafter, the parties agree as set forth below.

1. *Contract Documents.* This Contract consists of Exhibit A, “Recipients Requirements, Contractual Responsibilities and Program Description”; Exhibit B, “Payment Schedule”; and Exhibit C, “Insurance Requirements” attached hereto, made a part hereof and incorporated herein, and all written change orders and modifications issued and approved by the City after execution of this Contract.

2. *Term of Contract.* This Contract shall commence upon full execution by both parties and end on September 30, 2021.

3. *Renewal.* This Contract is not subject to renewal.

4. *City’s Maximum Obligation.* City agrees to pay Recipient the aforementioned sum to provide the Work. Both parties agree that unless otherwise directed by City in writing, Recipient shall continue to provide the Work during the term of this Contract.

5. *Payment of Program.* City shall pay Recipient for performance of the Work in accordance with Payment Schedule set forth in Exhibit B.

6. *Disputes.* Any factual disputes between City and the Recipient in regard to this Contract shall be directed to the City Manager for the City whose decision shall be final.

7. *Contract Administrators, Notices and Demands.*

A. *Contract Administrators.* During the term of this Contract, the City's Contract Administrator shall be the City Manager or his/her written designee and Recipient's Contract Administrator shall be ANDREA FARIA or his/her written designee.

B. *Notices and Demands.* A notice, demand or other communication hereunder by either party to the other shall be effective if it is in writing and sent via email, facsimile, registered or certified mail, postage prepaid to the representative(s) named below or is addressed and delivered to such other authorized representative at the address as that party from time to time may designate in writing and forward to the other as provided herein.

If to Recipient: ANDREA FARIA
PRESIDENT
1550 NW 62nd Street
FORT LAUDERDALE, FL 33309
Office: (954) 913-9300
Email: andrea@airtradeaviation.com

If to City: Greg Harrison, City Manager
100 W Atlantic Blvd.
Pompano Beach, FL 33060
Office: (954) 786-4601
Email: greg.harrison@copbfl.com

8. *Ownership of Documents and Information.* All information, data, reports, plans, procedures or other proprietary rights in all items, developed, prepared, assembled or compiled by Recipient as required for the Work hereunder, whether complete or unfinished, shall be owned by City without restriction, reservation or limitation of their use and made available at any time and at no cost to City upon reasonable written request for use and/or distribution as City deems appropriate provided City has compensated Recipient in accordance with the terms set forth herein. City's re-use of Recipient's Work product shall be at its sole discretion and risk if done without Recipient's written permission. Upon completion of all Work contemplated hereunder or termination of this Contract, Recipient shall promptly provide City's Contract Administrator copies of all of the above Work documents upon written request. Recipient may not disclose, use, license or sell any Work developed, created or otherwise originated hereunder to any third party whatsoever. The rights and obligations created under this paragraph shall survive termination or expiration of this Contract.

To the extent it is necessary for Recipient to perform the Work, City shall provide any information, data and reports in its possession to Recipient free of charge.

9. *Termination.* City shall have the right to terminate this Contract, in whole or in part, for cause, default or negligence on Recipient's part, upon ten (10) business days advance written notice to Recipient. Such Notice of Termination may include City's requests for certain product documents and materials, and other provisions regarding the Program.

If there is any material breach or default in Recipient's performance of any covenant or obligation hereunder which has not been remedied within ten (10) business days after City's written Notice of Termination, City, in its sole discretion, may terminate this Contract immediately and Recipient shall not be entitled to receive further payment from the effective date of the Notice of Termination.

In the event the City fails for any reason to appropriate funds for this Contract, it shall be deemed terminated and City shall provide Recipient with ten (10) business days written notice. Upon receipt of said notice, Recipient shall be responsible for any and all expenses and/or legal obligations made after receipt of City's written notice from the City.

10. *Force Majeure.* Neither party shall be obligated to perform any duty, requirement or obligation hereunder if such performance is prevented by fire, hurricane, earthquake, explosion, war, civil disorder, sabotage, accident, flood, acts of nature or by any reason of any other matter or condition beyond the control of either party which cannot be overcome by reasonable diligence and without unusual expense ("Force Majeure"). In no event shall economic hardship or lack of funds be considered an event of Force Majeure. Additionally, should funds not be utilized, and services or programs not provided within the specific required time period in this Contract due to circumstances outside the control of Recipient, including but not limited to, a Force Majeure event, City is under no obligation to amend or extend this Contract to provide the approved funding past the expiration of the performance period set forth in this Contract. Any amendment to this Contract for such purposes shall be at City's sole discretion, based upon its budget, available funds, and other factors it may deem relevant.

Recipient must follow all Federal, State, County, and City safety guidelines, including all CDC safety guidelines in effect during the term of the program, including but not limited to social distancing, and personal protection equipment. Inability to conduct the program and follow any and all required safety guidelines from the COVID-19 crisis or other similar emergency, or failure to follow such requirements, including but not limited to, social distancing, shall constitute grounds for immediate cancellation of this Agreement unilaterally by the City upon written notice, which may be provided via electronic mail.

11. *Insurance.* Recipient shall maintain insurance in accordance with Exhibit C throughout the term of this Contract.

12. *Indemnification.* Except as expressly provided herein, no liability shall attach to the City by reason of entering into this Contract.

A. Recipient shall at all times indemnify, hold harmless and defend the City, its officials, employees, volunteers and other authorized agents from and against any and all claims, demands, suit, damages, attorneys' fees, fines, losses, penalties, defense costs or liabilities suffered by the City arising directly or indirectly from any act, breach, omission, negligence, recklessness or misconduct of Recipient and/or any of its agents, officers, or employees hereunder, including any inaccuracy in or breach of any of the representations, warranties or covenants made by the Recipient, its agents, officers and/or employees, in the performance of Work under this Contract. Recipient agrees to investigate, handle, respond to, provide defense for, and defend any such claims at its sole expense and to bear all other costs and expenses related thereto, even if the claim(s) is/are groundless, false or fraudulent. To the extent considered necessary by City, any sums due Recipient hereunder may be retained by City until all of City's

claims for indemnification hereunder have been settled or otherwise resolved, and any amount withheld shall not be subject to payment or interest by City.

B. Recipient acknowledges and agrees that City would not enter into this Contract without this indemnification of City by Recipient. The parties agree that one percent (1%) of the total compensation paid to Recipient hereunder shall constitute specific consideration to Recipient for the indemnification provided under this Paragraph and these provisions shall survive expiration or early termination of this Contract.

13. *Sovereign Immunity.* Nothing in this Contract shall be construed to affect in any way the rights, privileges and immunities of the City and its agents as set forth in §768.28, Florida Statutes. Nothing herein shall be construed as consent from either party to be sued by third parties.

14. *Non-Assignability and Subcontracting.*

A. *Non-Assignability.* This Contract is not assignable and Recipient agrees it shall not assign or otherwise transfer any of its interests, rights or obligations hereunder, in whole or in part, to any other person or entity without City's prior written consent which must be sought in writing not less than fifteen (15) days prior to the date of any proposed assignment. Any attempt by Recipient to assign or transfer any of its rights or obligations hereunder without first obtaining City's written approval shall not be binding on City and, at City's sole discretion, may result in City's immediate termination of this Contract whereby City shall be released of any of its obligations hereunder. In addition, this Contract and the rights and obligations herein shall not be assignable or transferable by any process or proceeding in court, or by judgment, execution, proceedings in insolvency, bankruptcy or receivership. In the event of Recipient's insolvency or bankruptcy, City may, at its option, terminate and cancel this Contract without any notice of any kind whatsoever, in which event all rights of Recipient hereunder shall immediately cease and terminate.

B. *Subcontracting.* Prior to subcontracting for Work to be performed hereunder, Recipient shall be required to obtain the written approval of the City's Contract Administrator. If the City's Contract Administrator, in his/her sole discretion, objects to the proposed subcontractor, Recipient shall be prohibited from allowing that subcontractor to provide any Work hereunder. Although Recipient may subcontract Work in accordance with this Paragraph, Recipient remains responsible for any and all contractual obligations hereunder and shall also be responsible to ensure that none of its proposed subcontractors are listed on the *Convicted Vendors List* in accordance with the provisions of Paragraph 26 below.

15. *Performance Under Law.* Recipient, in performance of its duties under this Contract, agrees to comply with all applicable local, state and/or federal laws and ordinances including, but not limited to, standards of licensing, conduct of business and those relating to criminal activity.

16. *Audit and Inspection Records.* Recipient shall permit authorized representatives of the City to inspect and audit all data and records of the Recipient, if any, related to the Work being funded by this Contract until three (3) years after City's final payment under this Contract. Recipient agrees that such inspections and audits may include City's authorized representatives auditing Recipient's financial affairs at any time with no advance notice by City.

Recipient further agrees to include in all subcontracts hereunder a provision to the effect that the subcontractor agrees that City or any of its duly authorized representatives shall, until **three (3) years after City's final payment to Recipient**, have access to and the right to examine any books, documents, papers and records of such subcontractor attendant to any subcontracted Work provided hereunder.

In the event Recipient receives fifty thousand dollars (\$50,000.00) or more from the City, the City reserves the right to request a copy of a Grant Auditing Report conducted in accordance with the Government Auditing Standards issued by the United States Comptroller General and the provisions of OMB Circular A-133 issued by the Office of Management and Budget, Executive Office of the President. If such a request is made by the City, all grant funds shall be shown via explicit disclosure in the annual financial statements and/or the accompanying notes to the financial statement. Upon City's written request, this Report shall be due within 120 days of the close of the City's fiscal year.

17. *Adherence to Law.* Both parties shall adhere to all applicable laws governing their relationship with their employees including, but not limited to, laws, rules, regulations and policies concerning worker's compensation, unemployment compensation and minimum wage requirements.

18. *Independent Contractor.* Recipient shall be deemed an independent contractor for all purposes, and employees of Recipient and all its contractors, subcontractors and the employees thereof, shall not in any manner be deemed to be employees of the City. As such, the employees of Recipient, its contractors or subcontractors, shall not be subject to any withholding for tax, social security or other purposes by City, nor shall such contractor, subcontractor or employee be entitled to sick leave, pension benefits, vacation, medical benefits, life insurance, workers or unemployment compensation or the like from City. Furthermore; nothing in this Contract shall be deemed to constitute or create a joint venture, partnership, pooling arrangement or other form of business entity between Recipient and City.

19. *Mutual cooperation.* Recipient recognizes its performance of Work hereunder is essential to the provision of vital public services and the accomplishment of the stated goals and mission of City. Therefore, Recipient shall be responsible to maintain a cooperative and good faith attitude in all relations with City and the public and shall actively foster a public image of mutual benefit to both parties. Recipient shall not make any statements or take any actions detrimental to this effort.

20. *Public Records.*

A. The City of Pompano Beach is a public agency subject to Chapter 119, Florida Statutes. The Recipient shall comply with Florida's Public Records Law, as amended. Specifically, the Recipient shall:

1. Keep and maintain public records required by the City in order to perform the service.

1. Upon request from the City's custodian of public records, provide the City with a copy of 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 in Chapter 119, Florida Statutes or as otherwise provided by law.

2. 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 contract term and following completion of the Contract if Recipient does not transfer the records to the City.

4. Upon completion of this Contract, transfer, at no cost to City, all public records in its possession or keep and maintain public records required by the City as required hereunder. If Recipient transfers all public records to the City upon completion of this Contract, Recipient shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If Recipient keeps and maintains public records upon completion of this Contract, Recipient shall meet all applicable requirements for retaining public records. Upon request from the City's custodian of public records, all records stored electronically by Recipient must be provided to the City in a format that is compatible with the information technology systems of the City.

B. Failure of the Recipient to provide the above described public records to the City within a reasonable time may subject Recipient to penalties under §119.10, Florida Statutes, as amended.

PUBLIC RECORDS CUSTODIAN

IF THE RECIPIENT HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE RECIPIENT'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT:

CITY CLERK

100 W. Atlantic Blvd., Suite 253

Pompano Beach, Florida 33060

(954) 786-4611

RecordsCustodian@copbfl.com

21. *Governing Law.* Agreement must be interpreted and construed in accordance with and governed by the laws of the State of Florida. The exclusive venue for any lawsuit arising from, related to, or in connection with this Agreement will be in the state courts of the Seventeenth Judicial Circuit in and for Broward County, Florida. If any claim arising from, related to, or in connection with this Agreement must be litigated in federal court, the exclusive venue for any such lawsuit will be in the United States District Court or United States Bankruptcy Court for the Southern District of Florida. BY ENTERING INTO THIS AGREEMENT, THE PARTIES HEREBY EXPRESSLY WAIVE ANY RIGHTS EITHER PARTY MAY HAVE TO A TRIAL BY JURY OF ANY CIVIL LITIGATION RELATED TO THIS AGREEMENT.

22. *Waiver and Modification.*

A. No waiver made by either party with respect to performance, manner, time, or any obligation of either party or any condition hereunder shall be considered a waiver of that party's rights with respect to the particular obligation or condition beyond those expressly waived in writing or a waiver of any other rights of the party making the waiver or any other obligations of the other party.

B. *No Waiver by Delay.* The City shall have the right to institute such actions or proceedings as it may deem desirable for effectuating the purposes of this Contract provided that any delay by City in asserting its rights hereunder shall not operate as a waiver of such rights or limit them in any way. The intent of this provision is that City shall not be constrained to exercise such remedy at a time when it may still hope to otherwise resolve the problems created by the default or risk nor shall any waiver made by City with respect to any specific default by Recipient be considered a waiver of City's rights with respect to that default or any other default by Recipient.

C. Either party may request changes to modify certain provisions of this Contract; however, unless otherwise provided for herein, any such changes must be contained in a written amendment executed by both parties with the same formality of this Contract.

23. *No Contingent Fee.* Recipient warrants that other than a bona fide employee working solely for Recipient, Recipient has not employed or retained any person or entity, or paid or agreed to pay any person or entity, any fee, commission, gift or any other consideration to solicit or secure this Contract or contingent upon or resulting from the award or making of this Contract. In the event of Recipient's breach or violation of this provision, City shall have the right to terminate this Contract without liability and, at City's sole discretion, to deduct from the Payment Schedule set forth in Exhibit B or otherwise recover the full amount of such fee, commission, gift or other consideration.

24. *Attorneys' Fees and Costs.* In the event of any litigation involving the provisions of this Contract, both parties agree that the prevailing party in such litigation shall be entitled to recover from the non-prevailing party reasonable attorney and paraprofessional fees as well as all out-of-pocket costs and expenses incurred thereby by the prevailing party in such litigation through all appellate levels.

25. *No Third-Party Beneficiaries.* Recipient and City agree that this Contract and other contracts pertaining to Recipient's performance hereunder shall not create any obligation on Recipient or City's part to third parties. No person not a party to this Contract shall be a third-party beneficiary or acquire any rights hereunder.

26. *Public Entity Crimes Act.* As of the full execution of this Contract, Recipient certifies that in accordance with §287.133, Florida Statutes, it is not on the *Convicted Vendors List* maintained by the State of Florida, Department of General Services. If Recipient is subsequently listed on the *Convicted Vendors List* during the term of this Contract, Recipient agrees it shall immediately provide City written notice of such designation in accordance with Paragraph 7 above.

27. *Entire Contract.* This document incorporates and includes all prior negotiations, correspondence, conversations, contracts or understandings applicable to the matters contained herein, and the parties agree that there are no commitments, contracts or understandings concerning the subject

matter of this Contract that are not contained in this document. Accordingly, it is agreed that no deviation from the terms hereof shall be predicated upon any prior representations or contracts, whether oral or written.

28. *Headings.* The headings or titles to Articles of this Contract are not part of the Contract and shall have no effect upon the construction or interpretation of any part of this Contract.

29. *Counterparts.* This Contract may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. A photocopy, email or facsimile copy of this Contract and any signatory hereon shall be considered for all purposes as original.

30. *Approvals.* Whenever City approval(s) shall be required for any action under this Contract, said approval(s) shall not be unreasonably withheld.

31. *Absence of Conflicts of Interest.* Both parties represent they presently have no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with their performance under this Contract and that no person having any conflicting interest shall be employed or engaged by either party in their performance hereunder.

32. *Binding Effect.* The benefits and obligations imposed pursuant to this Contract shall be binding and enforceable by and against the parties hereto.

33. *Severability.* Should any provision of this Contract or the applications of such provisions be rendered or declared invalid by a court action or by reason of any existing or subsequently enacted legislation, the remaining parts of provisions of this Contract shall remain in full force and effect.

THE REMAINDER OF THE PAGE IS INTENTIONALLY LEFT BLANK

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed the day and year hereinabove written.

CITY OF POMPANO BEACH

By: _____
REX HARDIN, MAYOR

By: _____
GREGORY P. HARRISON, CITY MANAGER

Attest:

ASCELETA HAMMOND, CITY CLERK

(SEAL)

APPROVED AS TO FORM:

MARK E. BERMAN, CITY ATTORNEY

“RECIPIENT”

BRAZILIAN BUSINESS GROUP INC.

(Print or type name of company here)

Witnesses:

a Wille Cavalcanti

WILLA CAVALCANTI
(Print or Type Name)

Marina T. Rödelheimer

MARINA RÖDELHEIMER
(Print or Type Name)

By: _____

Print Name: ANDREA FARIA

Title: PRESIDENT

Business License No. 85-8015414635C-8

STATE OF FLORIDA

COUNTY OF Broward

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this 5th day of January, 2021, by ANDREA FARIA as PRESIDENT of BRAZILIAN BUSINESS GROUP INC., a Florida non for profit corporation. She is personally known to me or who has produced Known (type of identification) as identification.

NOTARY'S SEAL:

[Signature]



NOTARY PUBLIC, STATE OF FLORIDA

Maria Levine - Know by me!
(Name of Acknowledger Typed, Printed or Stamped)

GG 920478
Commission Number

Exhibit “A”

Recipients Requirements, Contractual Responsibilities and Program Description

1. RECIPIENT agrees to do as follows:
 - a) To accept the funds as appropriated in accordance with the terms of this Contract; and
 - b) If RECIPIENT intends on obtaining matching funds from another source at the time of the application for the CITY grant, the CITY reserves the right to request a copy of the matching fund contract along with a financial report; and
 - c) Prior to the award of any CITY funds, RECIPIENT shall provide documentation substantiating that RECIPIENT’s corporation/organization falls within Section 501(c)(3) and Section 501(A) of the Internal Revenue Code and a W9 form; and
 - d) To abide by Chapter 119, Florida Statutes, as from time to time amended, and to comply with all applicable federal, state, county and municipal laws, ordinances, codes and regulations. Any difference between the above federal, state, county or municipal guidelines or regulations and this Contract shall be resolved in favor of the more restrictive guidelines; and
 - e) To utilize allotted funds under this Contract for the sole purpose set forth in this Contract – **FRAUDULENT USE OF CITY FUNDS SHALL RESULT IN THE TERMINATION OF THIS CONTRACT AND THE RECIPIENT SHALL BE OBLIGATED TO RETURN ALL THE FUNDS AWARDED BY THIS CONTRACT. IN ADDITION, THE CITY RESERVES ANY AND ALL RIGHTS AFFORDED UNDER THE LAW INCLUDING PROSECUTION FOR SUCH FRAUDULENT USE OF CITY FUNDS IN A COURT OF COMPETENT JURISDICTION. ALL UNSPENT FUNDS MUST BE RETURNED TO THE CITY; and**
 - f) To return to the CITY within fifteen (15) days of demand all CITY funds paid to said RECIPIENT under the terms of this Contract upon the finding that the terms of any contract executed by the RECIPIENT of the provisions or any applicable ordinance or law have been violated by the RECIPIENT; and
 - g) To return to the CITY all funds expended for disallowed expenditures as determined by the CITY which includes, but not limited to:
 - i. Personal digital assistants (PDAs), cell phones, smartphones, and similar devices
 - ii. Service costs to support PDAs, cell phones, smartphones, and similar devices such as wireless services and data plans
 - iii. Proposal preparation including the costs to develop, prepare or write the proposal

- iv. Pre-award costs
- v. Out-of-state travel; non-local travel expenses
- vi. Gift cards
- vii. Purchase/lease of facilities or vehicles (e.g., buildings, buses, vans, cars)
- viii. Rentals – one day only (written justification and approval needed for additional time)
- ix. Entertainment – exceptions shall be made for community events (written justification and approval needed prior)
- x. Land acquisition
- xi. Furniture
- xii. Honorariums for presenters/speakers and any costs associated with travel expenses
- xiii. Kitchen appliances (e.g., refrigerators, microwaves, stoves, tabletop burners)
- xiv. Tuition/Scholarships
- xv. Capital improvements and permanent renovations (e.g., playgrounds, buildings, fences, wiring)
- xvi. Clothing or uniforms (written justification and approval needed)
- xvii. Project banquets/luncheons
- xviii. Costs for items/services already covered by indirect costs allocation (supplanting)
- xix. Out of state college tours
- xx. Out of county field trips
- xxi. Alcohol
- xxii. Airfare
- xxiii. Boat rentals
- xxiv. Family incentives
- xxv. Car mileage
- xxvi. Stipends
- xxvii. Payroll taxes
- xxviii. Laboratory fees
- xxix. Computers
- xxx. Health benefits
- xxxi. Appliances and home goods (written justification and approval needed)
- xxxii. Digital Cameras
- xxxiii. Plaques
- xxxiv. Hotel Costs
- xxxv. Housing - (written justification and approval needed based on programming)

h) To maintain books, records and documents in accordance with generally accepted accounting procedures and practices to maintain adequate internal controls which, relating to the project(s), sufficiently and properly reflect all expenditures of funds provided by the CITY under this Contract; and

2) RECIPIENT agrees to provide the City Manager’s Office or designee with a quarterly

narrative and financial progress report, if applicable, on the program or activity described in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description.

Such reports shall include basic statistical information relative to the program or activity and a statement of expenditures made in each budget category and line item identified in the budget which is included in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description.

RECIPIENT shall receive the first wave of funding upon approval by the City Commission. A narrative and financial report shall be due on the dates listed below, as applicable.

However, following the completion of the first narrative and financial report and as indicated in Exhibit “B” Payment Schedule, the remaining distribution payment to the RECIPIENT shall be contingent upon prior receipt of the required progress narrative and financial report which is due during the preceding quarter. Narrative and financial reports for recipients receiving quarterly or monthly payments as indicated in Exhibit “B” Payment Schedule shall be due no later than the following dates:

1st Quarterly Narrative & Financial Report (January/February/March) – April 1st
2nd Quarterly Narrative & Financial Report (April/May/June) – July 1st
3rd Quarterly Narrative & Financial Report (July/August/September) – September 30th

If RECIPIENT receives a lump sum payment for a one-time event or an award amount of \$5,000 or less then the RECIPIENT shall be required to submit their narrative and financial report on a due date above as assigned by the CITY at a later date. The due date shall occur after the program or activity described in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description has concluded.

However, if any of the above dates fall on a weekend, then the due date shall be extended to the next business day, thereafter, as long as it does not exceed the term of this contract.

When submitting the quarterly narrative reports, RECIPIENT shall track and report to the CITY the following:

- a. Current and final outcomes for the program based on the objectives provided in the RECIPIENT’s grant application
- b. Include all available statistics and/or numbers regarding the demographics of individuals served by the program; such as the number of CITY of Pompano Beach residents served (include tracking method used)
 - i. Age
 - ii. Race
 - iii. Gender
 - iv. Zip Codes
 - v. Household income (if applicable)
- c. Describe accomplishments of the program to date

- d. Summary of the impact the program has had on its intended target audience; to include challenges faced, photographs of the project and success stories (How did the CITY's funding make a difference in a resident/recipient's life?)

Failure to provide the quarterly narrative reports shall render an organization ineligible to receive future payouts.

- 3) The approved budget for the RECIPIENT, included in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description and any changes in the budget which would affect expenditure of funds provided under the terms of this contract, must be approved in writing by the City Manager or his/her designee prior to the expenditure of such funds; provided, that nothing herein shall authorize or allow any expenditure or obligation of funds in excess of the total sum aforesaid.

RECIPIENT shall submit financial reports with all required documentation of expenditures (including original receipts/proofs of payments and itemized list).

Failure to provide a narrative and financial report as assigned by the CITY and/or failure to utilize all of the prior allocated funds from the first six months of the contract shall render an organization ineligible to receive additional payouts and render the organization ineligible for current and future funding from the CITY.

Failure from the RECIPIENT to provide a Quarterly or Final narrative or Monthly, Quarterly or Lump Sum, financial report shall forfeit all outstanding project funding and shall render the RECIPIENT ineligible for additional funding from the CITY.

- 4) RECIPIENT agrees that any funds provided by the CITY for the operation of the program or activity during the current CITY's fiscal year, which are residual funds remaining unspent or unencumbered by any existing (not contingent) legal obligation shall be retained by the CITY.
- 5) RECIPIENT shall not use the CITY's logo, materials, or testimony for promotion of the RECIPIENT's program without written authorization from the CITY Manager or its designee.
- 6) RECIPIENTS shall attend a mandatory Orientation provided by the CITY at a date to be determined by the CITY. Failure to attend said Orientation shall be grounds for termination of the contract.
- 7) In cases where a contract is terminated by the CITY for default by RECIPIENT, the CITY reserves the right to deny RECIPIENT's future applications for new funding for a time to be determined by the City Manager, and/or his or her designee, and/or the City Commission.

Organization name: BRAZILIAN BUSINESS GROUP INC.

Program funded: SMALL BUSINESS & ENTREPRENEURSHIP TRAINING

Amount funded: \$10,000

Program description: Our training proposal structure is based on an online program, with the following: 8 Modules with 3-5 videos of 15-20 minutes each; The training will be provided in two languages to be chosen by the participant (English and Portuguese); Length of training 8 weeks; BBG will provide a certificate of training completion; Total Training hours: 14:30h

MODULE 1 - Ways to become an entrepreneur: start a new business, purchase an existing business or franchise? Pros and Cons; MODULE 2 - Market Research: methods of understanding your market; MODULE 3 - Business Plan - Necessity, how to write one, sales methodologies, project sales revenues; MODULE 4 - Financing & Funding your business; ; MODULE 5 - Marketing: social media resources, networking & email marketing; MODULE 6 - Accounting principles & Quickbooks online; MODULE 7 - General HR information; MODULE 8 - Why City of Pompano Beach - opportunities and benefits.

Form Name:	City of Pompano Beach 2020-2021 Nonprofit Sponsorship Application
Submission Time:	August 26, 2020 11:15 am
Browser:	Chrome 84.0.4147.135 / Windows
IP Address:	73.57.72.8
Unique ID:	652510314
Location:	26.148899078369, -80.125701904297

About Your Organization

Which Fiscal Year Is Your Organization Applying For? 2020-2021

Full Name of Nonprofit: BRAZILIAN BUSINESS GROUP INC.

Mission of Nonprofit: "Our mission is bring together Brazilian business people and their families, within and outside of the United States, through a representative, active and competitive organization which aims at the economic development of their national communities as well as their integration into their hostess societies, always in an orderly, respectful and efficient manner. BBG welcomes all individuals and organizations of good will regardless of their nationalities, creed, color, age or without any prejudice, to share our common ideals."

Brief Overview of Nonprofit: BBG is an independent, secular organization, founded in 2006 with the objective of uniting and strengthening the Brazilian business community in South Florida, especially Broward and southern Palm Beach counties, where a large part of the community is concentrated.

BBG believes education is the foundation of society and essential to citizenship. Among its social commitments BBG gives priority to education, to help and support Brazilian families in educating their children.

The organization encourages the formation of future multicultural professionals by investing its efforts in educational programs to provide opportunities for Brazilians to better integrate in South Florida. At the same time, it will establish a source of technical and specialized workers possessing knowledge gained while living and working in the United States, which will contribute to the formation of a Brazilian entrepreneurial center in the region.

Nonprofit Website: www.brazilianbusinessgroup.com

Which Funding Priority Does Your Nonprofit Qualify For: Workforce Readiness

Type of Organization - select the one that best applies: Economic Development

Executive Summary of How Nonprofit will use City of Pompano Beach Funding:

Brazilian Business Group is a nonprofit [IRS 501(C) (3)] organization established in South Florida since 2006 with focus on programs to congregate and strength the Brazilian business community in the South Florida market. Our training proposal goal is to prepare individuals seeking to start a business and the structure is based on an online program, with the following:

- 8 Modules with 3-5 videos of 15-20 minutes each;
- We will release one module per week for participant to watch at their own time;
- We will provide with one virtual "live" with instructor/professional for 60 to 90 minutes to answer questions of participants every week
- The training will be provided in two languages to be chosen by the participant (English and Portuguese)
- Length of training 8 weeks
- BBG will provide a certificate of training upon completion
- Total Training hours: 14:30h

How Does Your Nonprofit/Program Fit the Guidelines and Funding Interests?

Our Small Business & Entrepreneurship training fits the funding priorities of the City of Pompano Beach on the workforce readiness focus. Our main goal is to provide training to individuals who are looking for other business opportunities starting a new business or acquiring an existing business. Basic and essential information will be provided to give them tools and methodologies to manage different aspects of owning a business in any industry. Also the funds will be applied only on the training direct costs and not used on any other activities or programs BBG already provides. On top of that, a bilingual training English and Portuguese, will assist not only the large Brazilian community living in City of Pompano Beach but also the Pompano community as a whole.

Statement of Need:

With the unemployment increase rate due to the pandemic more individuals will seek for alternatives. Training will be essential to develop them for opportunities in the business arena. In order to provide such training, specially during this unprecedented time, BBG does not have available funds to cover these expenses. We are funded by our membership and sponsors which has been affected because of the Covid-19 pandemic, restricting our source of funds. We believe that our entrepreneurship training may assist and help individuals with entrepreneurship spirit in a crucial moment to all professionals and business people.

Include a Description of the Geographic Area You Serve:

The Brazilian Business Group serves a community with diverse background in South Florida, specially in greater Pompano Beach area.

Does Your Organization Receive Matching Funds?

No

About Your Board of Directors

Board Disabled	0
Board Minorities	11
Board Seniors	1
Total Board Members	14

Program/Event Information #1

Will your organization be hosting an event on City property?	No
Which are you applying for? (Program/Event)	Program
Program/Event Name	SMALL BUSINESS & ENTREPRENEURSHIP TRAINING
Type of Program/Event	Nonprofit Program/Seminar/Workshop
Describe the program/event succinctly:	<p>. Our training proposal structure is based on an online program, with the following: 8 Modules with 3-5 videos of 15-20 minutes each; The training will be provided in two languages to be chosen by the participant (English and Portuguese); Length of training 8 weeks; BBG will provide a certificate of training completion; Total Training hours: 14:30h</p> <p>MODULE 1 - Ways to become an entrepreneur: start a new business, purchase an existing business or franchise? Pros and Cons; MODULE 2 - Market Research: methods of understanding your market; MODULE 3 - Business Plan - Necessity, how to write one, sales methodologies, project sales revenues; MODULE 4 - Financing & Funding your business; ; MODULE 5 - Marketing: social media resources, networking & email marketing; MODULE 6 - Accounting principles & Quickbooks online; MODULE 7 - General HR information; MODULE 8 - Why City of Pompano Beach - opportunities and benefits.</p>
Elaborate on your program/event objectives. How do you plan on using the funding to solve the problem?	The funds will be used to prepare individuals seeking for other sources of business and opportunities.
What are the outcomes of your program/event?	Residents of the Greater Pompano Beach will be contributing to the economic development of the area.
Estimated # of Attendees at the Program/Event (select the one that best applies)	251-350

Please Specify the Number of City of Pompano Beach Residents Your Organization will Serve if the Program/Event is Funded: 250

Describe the demographics of the population you are impacting with this program/event: Demographics: Socioeconomic characteristics of a population expressed statistically, such as age, sex, education level, income level, occupation. Demographics:
Age: 30-50
Sex: 50% male, 50% female
Education: High school to College level
Income Level: lower to middle class income levels
Occupation: unemployed or professionals looking for career change or entrepreneurship from various industries backgrounds.

Start Date of Program/Event: Mar 01, 2021

End Date of Program/Event: Apr 30, 2021

Does your program/event have a start time/end time? No

Name of Program/Event Venue: SMALL BUSINESS & ENTREPRENEURSHIP TRAINING

Address of Program/Event Venue Location: ONLINE VIRTUAL TRAINING
Pompano Beach, FL 33069

Attire of Program/Event (select the one that best applies): Casual

List any Benefits or Amenities the City of Pompano Beach Receives: The City of Pompano Beach community will benefit with the increase of people looking to establish new business in the area.

Amount Requested: 15000

Are you applying for a second Program/Event? No

Additional Activities

Are there any additional activities associated with the primary sponsorship event (Examples include VIP event, Kickoff event, Awards Ceremony, Thank You/Recognition Party, etc...) No

Additional Information

What are your organization's credentials? Tell us why your organization does it better than anyone else.

The Brazilian Business Group is a non profit organization doing business since 2006 with large experience in promoting events, seminars, panels, workshops and networking programs focused in the business community at large. With this extensive experience , we believe that we have the know how to reach out not only to the Pompano Beach community in general but also to the large Brazilian community leaving in the Greater Pompano Beach Area.

Any other information you wish to share?

The Brazilian Business Group has a long term relationship with the City of Pompano Beach and the Greater Pompano Beach, Margate and Lighthouse Point Chamber of Commerce, having organized many networking events in partnership with the Chamber as well as supporting each other initiatives.

City of Pompano Beach Funding History

Has your organization been funded before by City of Pompano Beach?

No

Requested Budget Information

What is the total value your nonprofit is applying for?

15000

If you are not awarded the full funding requested for your event/program, will you be able to complete your project?

No

Are you including the following:

Itemized Budget - Please provide a budget for the program/event you are applying for vs. the agency's annual budget = Yes
W9 = Yes
IRS Letter = Yes
List of Board of Directors = Yes
Articles of Incorporation = Yes
Most Recent 990 Form = Yes

Upload your documents: All items are mandatory.

Itemized Budget - Please provide a budget ONLY for the program/event you are applying for. Annual agency budgets will not be accepted.

https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077528/652510314/72077528_bbg_-_itemized_budget.pdf

W9

https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077535/652510314/72077535_bbg_w9_form_2020.pdf

IRS Letter

https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077552/652510314/72077552_bbg_-_irs_letter.pdf

List of Board of Directors https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077556/652510314/72077556_bbg_-_board_members.pdf

Articles of Incorporation https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077558/652510314/72077558_bbg_-_articles_of_incorporation.pdf

Most Recent 990 Form https://s3.amazonaws.com/files.formstack.com/uploads/3276970/90960095/652510314/90960095_bbg_2018_990n.pdf

Charity/Organization Contact

Name ANDREA FARIA

Title PRESIDENT

Email andrea@airtradeaviation.com

Phone Number (954) 913-9300

Mailing Address (If awarded, your payment will be mailed to this address) 1550 NW 62nd Street
FORT LAUDERDALE, FL 33309

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

AUG 18 2000

BRAZILIAN BUSINESS GROUP INC
5491 UNIVERSITY DR STE 104A
POMPANO BEACH, FL 33067

Employer Identification Number:
26-0203499
DLN:
17053138035019
Contact Person:
DEBRA JOHNSON ID# 75126
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
March 22, 2007
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

BRAZILIAN BUSINESS GROUP INC

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely

A handwritten signature in black ink, appearing to read "Robert Choi". The signature is written in a cursive style with a large, sweeping initial "R".

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Publication 4221-PC

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
BRAZILIAN BUSINESS GROUP

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
3651 FAU Blvd S#400

6 City, state, and ZIP code
Boca Raton, FL 33431

7 List account number(s) here (optional)

Requester's name and address (optional)

See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
2	6		-	0	2	0	3	4	9

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 08/25/2020
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**Electronic Articles of Incorporation
For**

N07000003005
FILED
March 22, 2007
Sec. Of State
Ipoole

BRAZILIAN BUSINESS GROUP INC.

The undersigned incorporator, for the purpose of forming a Florida not-for-profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

BRAZILIAN BUSINESS GROUP INC.

Article II

The principal place of business address:

5491 UNIVERSITY DR.
104A
CORAL SPRINGS, FL. 33067

The mailing address of the corporation is:

5491 UNIVERSITY DR.
104A
CORAL SPRINGS, FL. 33067

Article III

The specific purpose for which this corporation is organized is:

TO UNITE BRAZILIAN BUSINESS PEOPLE IN THE US AND ABROAD
THROUGH AN ACTION ORIENTED ENTITY BY EXCHANGING,
BUSINESS OPPORTUNITIES, EXPERIENCES AND PROFESSIONAL
EDUCATION.

Article IV

The manner in which directors are elected or appointed is:

DETERMINED BY THE BYLAWS

Article V

The name and Florida street address of the registered agent is:

WESTCHESTER INTERNATIONAL CORP
5491 UNIVERSITY DR
104A
CORAL SPRINGS, FL. 33067

I certify that I am familiar with and accept the responsibilities of registered agent.

N0700003005
FILED
March 22, 2007
Sec. Of State
Ipoole

Registered Agent Signature: OCTAVIO CARDOSO

Article VI

The name and address of the incorporator is:

WESTCHESTER INTERNATIONAL CORP
5491 UNIVERSITY DR
104A
CORAL SPRINGS, FL 33067

Incorporator Signature: OCTAVIO CARDOSO

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
CARLO BARBIERI
2578 NW 63 LANE,
BOCA RATON, FL. 33496

Title: VP
ALOYSIO VASCONCELLOS
8628 VIA ANCHO RD
BOCA RATON, FL. 33433

Title: VP
REGINA VALENTE LITTLE
7570 NW 61 TERRACE
PARKLAND, FL. 33067

Article VIII

The effective date for this corporation shall be:

03/21/2007

BRAZILIAN BUSINESS GROUP – BOARD OF DIRECTORS

- 01.ANDREA FARIA, President
- 02.ELIZABETH ALDERETE, Vice-President
- 03.ALOYSIO VASCONCELOS, Past President & Executive Board Member
- 04.MONICA RIBEIRO, Past President & Executive Board Member
- 05.JOAO BERNANDO BARBOSA, Past President & Boar Member
- 06.ROSANNA MEYER, Board Member, Greater Pompano Beach, Margate & LightHouse Point Chamber of Commerce Representative
- 07.MARIA RAVANI, Board Member
- 08.RENATA COSTA, Board Member
- 09.AHPALY CORADIN, Legal Counsel & Board Member
- 10.JOAO GOMES, Board Member
- 11.SABRINA TORRELLA, Board Member
- 12.VERA SCHAFFER, Board Member
- 13.PIERRE TASHHEREAU, Board Member, Greater Fort Lauderdale Alliance Representative
- 14.RUSSELL WEAVER, Board Member, Greater Fort Lauderdale Sister Cities International Representative

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2018

Open to Public Inspection

A For the 2018 Calendar year, or tax year beginning 2018-01-01 and ending 2018-12-31

B Check if available

 Terminated for Business Gross receipts are normally \$50,000 or lessC Name of Organization: **BRAZILIAN BUSINESS GROUP INC**2525 NW 55TH COURT -HANGAR 24, FORTLAUDERDALE, FL, US,33309

D Employee Identification

Number 26-0203499

E Website:

F Name of Principal Officer: **ANDREA FARIA**2525 NW 55TH COURT -HANGAR 24, FORTLAUDERDALE, FL, US,33309

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

**PROGRAM FOR WORKFORCE READNESS
SMALL BUSINESS & ENTREPRENEURSHIP TRAINING**

BRAZILIAN BUSINESS GROUP ENTREPRENEURSHIP TRAINING GRANT PROPOSAL

Brazilian Business Group is a nonprofit [IRS 501(C) (3)] organization established in South Florida since 2006 with focus on programs to congregate and strength the Brazilian business community in the South Florida market. Our training proposal structure is based on an online program, with the following:

- 8 Modules with 3-5 videos of 15-20 minutes each;
- We will release one module per week for participant to watch at their own time;
- We will provide with one “live” with instructor/professional for 60 to 90 minutes to answer questions of participants every week
- The training will be provided in two languages to be chosen by the participant (English and Portuguese)
- Length of training 8 weeks
- BBG will provide a certificate of training completion
- Total Training hours: 14:30h

ITEMIZED TRAINING BUDGET

1. Video productions – 5hs training plus production	\$ 5,000.00
2. Translation Services	\$ 2,000.00
3. Instructors/Professionals for each module –(\$500 each X 8)	\$ 4,000.00
4. Zoom Premium /Platform/ website / technical support	\$ 1,500.00
5. Admin management	\$ 2,500.00

TOTAL BUDGET **\$15,000.00**

TRAINING STRUCTURE

MODULE 1 - Ways to become an entrepreneur: start a new business, purchase an existing business or franchise? Pros and Cons

- 1.1- START A NEW BUSINESS: What you need to know – 20' online video
- 1.2 - PURCHASE AN EXISTING BUSINESS: Pros & Cons – 20' online video
- 1.3 - FRANCHISE: Pros & Cons – 20' online video
- 1.4 - LIVE Q&A SESSION: 1 H

MODULE 2 - Market Research: methods of understanding your market

- 2.1 - MARKET RESEARCH: importance and effectiveness – 20'online video
- 2.2 - MARKET RESEARCH METHODS: most effective and low cost options – 20' online video
- 2.3 - MARKET RESEARCH TOOLS & TECHNIQUES: how to choose the most appropriate to your business – 20'online vide
- 2.4 - LIVE Q&A SESSION: 1 H

MODULE 3 - Business Plan – Necessity, how to write one, sales methodologies, project sales revenues

- 3.1 – BUSINESS PLAN: Necessity and how to write one – 20' online video
- 3.2 – SALES METHODOLOGIES – 20' online video
- 3.3 – PROJECT SALES REVENUES – 20' online video
- 3.4 - LIVE Q&A SESSION: 1 H

MODULE 4 - Financing & Funding your business

- 4.1 - FUNDAMENTALS OF FUNDING YOUR BUSINESS – 20' online video
- 4.2 - FINANCING SOURCES: financial institutions requirements & interests; other sources – 20' online video
- 4.3 - FINANCING SOURCES: alternative sources for startups – 20' online video
- 4.4 - LIVE Q&A SESSION: 1 H

MODULE 5 - Marketing: social media resources, networking, email marketing

- 5.1- MARKETING TOOLS AVAILABLE - 15' online video
- 5.2 – SOCIAL MEDIA: How to promote your business using social media - 15' online video
- 5.3 – NETWORKING: importance and how to do it - 15' online video
- 5.4 – WEBSITE & EMAIL MARKETING: low cost option and effectiveness - - 15' online video
- 5.5 – LIVE Q&A SESSION: 1 H

MODULE 6 - Accounting: principles, QuickBooks online

- 6.1 – ACCOUNTING BASICS - 30' online video
- 6.2 – QUICKBOOKS ONLINE: speed training - 30' online video
- 6.3 – LIVE Q&A ONLINE – 90'

MODULE 7 - General HR information

- 7.1 – HOW TO DEFINE A JOB PROFILE – 15' online video
- 7.2 – HOW TO WRITE A JOB OFFER – 15' online video
- 7.3 – JOB INTERVIEW TECHNIQUES – 15' online video
- 7.4 – RECRUITING DECISION MAKING – 15'online video
- 7.5 – LIVE Q&A ONLINE – 1H

MODULE 8 - Why City of Pompano Beach – opportunities and benefits

- 8.1 – City of Pompano Beach – opportunities & benefits – 30'online video
- 8.2 - - LIVE Q&A ONLINE – 30'

Exhibit “B” Payment Schedule

A. AWARD DISBURSEMENTS

The awards disbursement process will begin upon full execution of the appropriations contract and will end in September, 30 for the fiscal year that this contract is approved.

B. PAYMENT SCHEDULE

The total amount awarded for the BRAZILIAN BUSINESS GROUP INC. (name of the non-profit organization) for SMALL BUSINESS & ENTREPRENEURSHIP TRAINING (title of the program) for the current fiscal year is: \$10,000.

There will be three (3) payout/s during the period (depending on the amount awarded to each organization):

1. The first will equal 34% of the total allocation or \$3,400; be issued in advance. For any funds advanced the RECIPIENT agrees to provide the CITY with an itemization of how funds advanced were spent, along with invoices and proof of payment. Such an accounting must be provided to the CITY in the quarterly financial report as indicated in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description. Failure to comply with this requirement may result in the denial of the future requests for payments.
2. The second will equal 33% of the total allocation or \$3,300; will be issued upon receipt AND approval of the second quarterly narrative and financial report (including any additional requested documents);
3. The third payout will be the final 33% of the total allocation or \$3,300; will be issued upon receipt AND approval of the third and final quarterly narrative and financial report (including any additional requested documents).

EXHIBIT C

INSURANCE REQUIREMENTS: NON PROFIT ORGANIZATION

ORGANIZATION shall not commence services under the terms of this Agreement until certification or proof of insurance detailing terms and provisions has been received and approved in writing by the CITY's Risk Manager. If you have questions regarding the insurance requirements hereunder, please contact the City's Purchasing Department at (954) 786-4098. If the contract has already been awarded, please direct any queries and proof of the requisite insurance coverage to City staff responsible for oversight of the subject project/contract.

ORGANIZATION is responsible to deliver to the CITY for timely review and written approval/disapproval Certificates of Insurance which evidence that all insurance required hereunder is in full force and effect and which name on a primary basis, the CITY as an additional insured on all such coverage. Such policy or policies shall be issued by United States Treasury approved companies authorized to do business in the State of Florida. The policies shall be written on forms acceptable to the City's Risk Manager, meet a minimum financial A.M. Best and Company rating of no less than Excellent, and be part of the Florida Insurance Guarantee Association Act. No changes are to be made to these specifications without prior written approval of the City's Risk Manager.

Throughout the term of this Agreement, CITY, by and through its Risk Manager, reserve the right to review, modify, reject or accept any insurance policies required by this Agreement, including limits, coverages or endorsements. CITY reserves the right, but not the obligation, to review and reject any insurer providing coverage because of poor financial condition or failure to operate legally.

Failure to maintain the required insurance shall be considered an event of default. The requirements herein, as well as CITY's review or acceptance of insurance maintained by ORGANIZATION, are not intended to and shall not in any way limit or qualify the liabilities and obligations assumed by ORGANIZATION under this Agreement.

Throughout the term of this Agreement, ORGANIZATION and all subcontractors or other agents hereunder, shall, at their sole expense, maintain in full force and effect, the following insurance coverages and limits described herein, including endorsements.

A. Worker's Compensation Insurance covering all employees and providing benefits as required by Florida Statute, Chapter 440, regardless of the size of the company (number of employees) or the state in which the work is to be performed or of the state in which the ORGANIZATION is obligated to pay compensation to employees engaged in the performance of the work. ORGANIZATION further agrees to be responsible for employment, control and conduct of its employees and for any injury sustained by such employees in the course of their employment.

B. Liability Insurance.

(1) Naming the City of Pompano Beach as an additional insured as City's interests may appear, on General Liability Insurance only, relative to claims which arise from

ORGANIZATION'S negligent acts or omissions in connection with Contractor's performance under this Agreement.

(2) Such Liability insurance shall include the following checked types of insurance and indicated minimum policy limits.

Type of Insurance	Limits of Liability	
GENERAL LIABILITY:	Minimum \$1,000,000 Per Occurrence and \$2,000,000 Per Aggregate	
* Policy to be written on a claims incurred basis		
XX comprehensive form	bodily injury and property damage	
XX premises - operations	bodily injury and property damage	
— explosion & collapse hazard		
— underground hazard		
XX products/completed operations hazard	bodily injury and property damage combined	
XX contractual insurance	bodily injury and property damage combined	
XX broad form property damage	bodily injury and property damage combined	
XX independent contractors	personal injury	
XX personal injury		
XX sexual abuse/molestation	Minimum \$1,000,000 Per Occurrence and Aggregate	
— liquor legal liability	Minimum \$1,000,000 Per Occurrence and Aggregate	

AUTOMOBILE LIABILITY:	Minimum \$10,000/\$20,000/\$10,000	
XX comprehensive form		
XX owned		
XX hired		
XX non-owned		

REAL & PERSONAL PROPERTY		
— comprehensive form	Agent must show proof they have this coverage.	

EXCESS LIABILITY	Per Occurrence	Aggregate
— other than umbrella	bodily injury and property damage combined	\$1,000,000 \$1,000,000

PROFESSIONAL LIABILITY	Per Occurrence	Aggregate
—	* Policy to be written on a claims made basis	\$1,000,000 \$1,000,000

(3) If Professional Liability insurance is required, Contractor agrees the indemnification and hold harmless provisions of Section 12 of the Agreement shall survive the termination or expiration of the Agreement for a period of three (3) years unless terminated sooner by the applicable statute of limitations.

C. Employer's Liability. ORGANIZATION and all subcontractors shall, for the benefit of their employees, provide, carry, maintain and pay for Employer's Liability Insurance in the minimum amount of One Hundred Thousand Dollars (\$100,000.00) per employee, Five Hundred Thousand Dollars (\$500,000) per aggregate.

D. Policies. Whenever, under the provisions of this Agreement, insurance is required of the ORGANIZATION, the ORGANIZATION shall promptly provide the following:

- (1) Certificates of Insurance evidencing the required coverage;
- (2) Names and addresses of companies providing coverage;
- (3) Effective and expiration dates of policies; and
- (4) A provision in all policies affording CITY thirty (30) days written notice by a carrier of any cancellation or material change in any policy.

E. Insurance Cancellation or Modification. Should any of the required insurance policies be canceled before the expiration date, or modified or substantially modified, the issuing company shall provide thirty (30) days written notice to the CITY.

F. Waiver of Subrogation. ORGANIZATION hereby waives any and all right of subrogation against the CITY, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss agreement to waive subrogation without an endorsement, then ORGANIZATION shall notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy which includes a condition to the policy not specifically prohibiting such an endorsement, or voids coverage should ORGANIZATION enter into such an agreement on a pre-loss basis.



CERTIFICATE OF LIABILITY INSURANCE

DATE

11/12/2020

PRODUCER Universal Insurance & Associates, LLC 123 NW 13Th Street Suite 212 Boca Raton , FL 33432 (954)420-9051	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER . THIS CERTIFICATE DOES NOT AMEND , EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW .	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Brazilian Business Group Inc 3651 Fau Blvd S#401 Boca Raton , FL 33431	INSURER A : Braishfield Hull & Company	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	


COVERAGES

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 . AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS .

INSR LTR		POLICY NUMBER	POLICY EFFECTIVE DATE(MM / DD / YY)	POLICY EXPIRATION DATE (MM / DD / YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	NPB020N690	11/12/2020	11/12/2021	EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE(Any one fire)	\$ 100,000.00
					MED EXP(Any one person)	\$ 0.00
					PERSONAL && ADV INJURY	\$ 1,000,000.00
					GENERAL AGGREGATE	\$ 2,000,000.00
					PRODUCTS - COMP / OP AGG	\$ 2,000,000.00
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO - JECT <input type="checkbox"/> LOC	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON - OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY : AGG \$	
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$	
	WORKERS COMPENSATION AND EMPLOYERS ' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU - TORY LIMITS <input type="checkbox"/> OTH - ER E. L. EACH ACCIDENT \$ E. L. DISEASE - EA EMPLOYEE \$ E. L. DISEASE - POLICY LIMIT \$	
	OTHER				\$ \$ \$	

APPROVED
Danielle Thorpe
 By Danielle Thorpe at 9:14 pm, Nov 16, 2020

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 City of Pompano Beach is included as Additional Insured under the General Liability policy shown above only insofar as permitted by Florida Statue 768.28 and otherwise allowed by law. Additional insured status is provided by written contract and with respect to operations by or on behalf of the Name Assured.

CERTIFICATE HOLDER City of Pompano Beach 100 West Atlantick Blvd Pompano Beach FL 33060	ADDITIONAL INSURED ; INSURER LETTER :	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF , THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT , BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER , ITS AGENTS OR REPRESENTATIVES . 
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11/11/2020

Brazilian Business Group Inc.
3651 FAU Blvd.
#400
Boca Raton, FL 33431

APPROVED *D. Thorpe*
By Danielle Thorpe at 9:22 pm, Nov 16, 2020

Dear Ms. Faria:

Your company has fewer than four employees, and you have elected not to purchase Workers' Compensation Insurance to cover these employees. The State of Florida allows your company to operate without insurance, however, you are required by the State to "post clear written notice in a conspicuous location at each worksite directed to all employees and other persons performing services at the worksite of their lack of entitlement to benefits" as described in Chapter 440 of the Florida Statutes.

The City of Pompano Beach requires: **ALL CONTRACTORS MUST AGREE TO BE RESPONSIBLE FOR THE EMPLOYMENT, CONTROL AND CONDUCT OF THEIR EMPLOYEES AND FOR ANY INJURY SUSTAINED BY SUCH EMPLOYEES IN THE COURSE OF THEIR EMPLOYMENT.**

Please sign the area below acknowledging your compliance with the above requirements. Return this original letter to me at 100 West Atlantic Boulevard, Pompano Beach 33060. If you have any questions about this letter please telephone me at 954.786.4065.

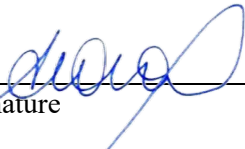
Sincerely,

Erjeta Diamanti

Erjeta Diamanti
Budget Office

Brazilian Business Group Inc. has posted notice(s) declaring the absence of Workers' Compensation insurance coverage, as required by the State of Florida. **Brazilian Business Group Inc.** agrees to be responsible for the employment, control and conduct of our employees and for any injury sustained by such employees in the course of their employment.

Signature



11/12/2020

Date

Andrea Faria, President

Name and Title (print)



APPROVED

By Danielle Thorpe at 9:15 pm, Nov 16, 2020

Fort Lauderdale, 11/13/2020

**To
City of Pompano Beach
Care of Nicole Almeida/Strategic Philanthropy Inc.**

RE: NON PROFIT GRANT – 2020-2021

Dear Nicole,

The Brazilian Business Group Inc. is a not for profit organization dedicated to unity and strengthen the local business community in South Florida. Our membership is composed by business owners and professionals with age between 30-65. We do not have members or associates nor volunteers under the age of 18 years old. In addition of that, the event in which we requested the grant will be delivered virtually.

In reference to the request of having an insurance coverage for sexual molestation we would respectfully request the exemption of this coverage due to the motives presented above.

Best Regards,

**President
Brazilian Business Group
Email: a.faria@brazilianbusinessgroup.com
Tel: +1(954)913-9300**



FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD
GEICO GENERAL INSURANCE COMPANY

Policy Number/Florida Code No.
6001524989/01288

Effective Date
10/30/2020

- PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY
- BODILY INJURY LIABILITY

[View All Operators](#)

Named Insured: Andrea T Faria
JUAREZ A FARIA

Year	Make	Model	VIN
2016	HYUNDAI	GENESIS	KMHGN4JE6GU118182

Phone Number: 1-800-841-3000

Not valid more than one year from effective date.

APPROVED

By Danielle Thorpe at 3:20 pm, Dec 21, 2020