



11/14/2019

Sarasota County Sports Commission  
Sarah Thomas, Sport Sales Manager  
1777 Main St. Suite 302  
Sarasota, FL 34236

Dear Sarah

We are pleased to inform you that the Florida Sports Foundation Board of Directors has approved the following grant(s):

**\$10,000 for Venice Equestrian Tour: 01/01/2020 - 03/31/2020**

Please accept the amount of this conditional award by signing the attached contract agreement within thirty (30) days. A checklist is provided below for your convenience.

- **Read and sign contract electronically or sign and return two printed copies to FSF**
- **Make sure a certificate of insurance naming Florida Sports Foundation is in place and a copy is sent to FSF 15 days prior to the event.**
- **A post event report is required per FSF Policies & Procedures for disbursement and should include:**
  - Front and back copies of cancelled checks, or electronic funds transfers, from grantee to third party for reimbursable expenses.
  - An invoice supporting charges paid above.
  - Proof of exposure for FSF- photos of banners if available.

The post event report can be found and completed on our website.

If you have any questions or concerns, please contact me at (850) 298-6637 or Melissa Estremera at (850) 298-6623.

Sincerely,

A handwritten signature in cursive script that reads "Michelle".

Michelle Roque  
Director of Finance

**FLORIDA SPORTS FOUNDATION  
Major Grant Program - Grant Agreement**

**THIS GRANT AGREEMENT** entered into this day, **11/14/2019**, by and between the Florida Sports Foundation, Inc., a division of Enterprise Florida, Inc., hereinafter referred to as the "Grantor" and **Sarasota County Sports Commission**, hereinafter referred to as the "Grantee".

**WITNESSETH**

**WHEREAS**, the State of Florida Legislature mandated in Section 288.901(f), Florida Statutes, that the Grantor shall assist and market professional and amateur sport teams and sporting events in Florida; and the Grantor is empowered to make grants of funds in accordance with the promotion of major and minor sporting events; and,

**WHEREAS**, the Florida Sports Foundation has approved an appropriation for such grant.

**IT IS**, in consideration of the mutual undertakings and agreements hereinafter set forth, agreed between the Grantor and the Grantee as follows:

1.0 **PARTIES:**

The parties and their respective addresses for the purposes of this Agreement are:

**Florida Sports Foundation**  
101 North Monroe Street, Suite 1000  
Tallahassee, FL 32301

**Sarasota County Sports Commission**  
Sarah Thomas  
1777 Main St. Suite 302  
Sarasota, FL 34236

2.0 **NOTICES:**

All notices between the parties, provided for herein, shall be either by confirmed fax, confirmed FedEx or certified mail, return receipt requested, delivered to the address of the parties as set forth in section 1.0 above.

3.0 **GRANT DESCRIPTION:**

The Grantee will expend grant funds in accordance with "Paragraph 6.0 a" and "Attachment A". Funds made available by the Grantor pursuant to this Grant Agreement shall be expended solely for the purpose of the project and the legislatively appropriated purpose.

- (a) **Grantee: Sarasota County Sports Commission**
- (b) **Payee: Sarasota County Sports Commission**
- (c) **Name/Date of Event: Venice Equestrian Tour: 01/01/2020 - 03/31/2020 - 1/1/2020 thru 3/31/2020**
- (d) **Total Amount of Grant: \$ 10,000**
- (e) **Project Budget: As provided in Grant Application.**
- (f) **Reporting Schedule: Grantee shall submit final report and request for reimbursement within ninety (90) days of the last day of the event, except for all events taking place in June, which are due by the first day of September following the event.**
- (g) **Grant Period: 11/14/2019 through the end of Event**

4.0 **GRANT REQUIREMENTS:**

(a) **Audit:** Grantee will complete a post event report, an accounting of the events financial activity, and proper use of funds provided by this Agreement, within ninety (90) days after the event and provide documentation evidencing the direct impact of the event. The Grantee agrees to comply with the audit requirement of Sections 215.97 and 17.03, Florida Statutes, and all applicable Rules of the Auditor General as referenced in Attachment A.

(b) **Records:** Grantee shall retain and maintain all records, including records of all payments made by the Grantee in connection with this Agreement, and make available and provide access for financial audit as may be requested by the Grantor, the Grantor's independent auditor, by the state personnel of the Office of the Florida Auditor General, Chief Financial Officer and Office of the Chief Inspector General. Records shall include books, records, documents and other evidence, including, but not limited to, vouchers, bills, invoices, requests for payment, and other supporting documentation, which, according to generally accepted governmental accounting principles, procedures and practices, sufficiently and properly reflect all program costs expended in the performance of this Grant Agreement. Such records shall be retained for a minimum period of seven (7) years after termination of this Agreement.

(c) **Cancellation:** Grantee shall notify the Grantor immediately if the event is canceled and the Grantee shall return any funds dispersed pursuant to this Agreement within seven (7) days of such cancellation.

(d) **Insurance:** Grantee shall, prior to event, provide proof of insurance listing the Grantor as an additional insured for all purposes, with minimum liability coverage of \$1,000,000 per occurrence. If Grantee is a government entity, agency or subdivision pursuant to Section 768.28, Florida Statutes, and/or a self-insurer pursuant to Section 768.28, Florida Statutes, and does not otherwise provide proof of its own insurance listing Grantor as an additional insured for all purposes, with minimum liability coverage of \$1,000,000 per occurrence, Grantee, notwithstanding its compliance with any requirements imposed by said statute, shall ensure that any third-party recipient of said Grant Funds list Grantor as an additional insured for all purposes, with minimum liability coverage of \$1,000,000 per occurrence. Grantee shall provide said proof of insurance listing Grantor as an additional insured for all purposes, with minimum liability coverage of \$1,000,000 per occurrence, as a condition precedent to Grantee's receipt of said Grant Funds.

(e) **Indemnification:** Grantee shall act as an independent contractor and not as an employee of the Grantor in the performance of the tasks and duties, which are the subject of this Grant Agreement. The Grantee shall be liable, and agrees to be liable for, and to the extent allowed by law, shall indemnify, defend, and hold the Grantor, the state of Florida, and its employees and agents, harmless from all liability of any nature or kind, including costs and expenses for or on account of any copyrighted, patented, or unpatented inventions, process or articles manufactured by the Grantee, and well as claims, suits, judgments, or damages arising from the Grantee's performance of the tasks and duties which are the subject of this Grant Agreement. If Grantee is a government entity, the Grantee is subject to the provisions and limitations of 768.28 Florida Statute, and agrees to indemnify, hold harmless and defend Grantor from and against claims, demands, causes of action, losses, damages, liabilities, costs and expenses (including attorney's fees) caused as a result of the negligent acts of the government entity or its employees.

5.0 **TERMINATION:**

(a) **Breach:** The Agreement may be terminated by the Grantor for breach upon failure of the Grantee to perform any requirement or provisions of this Agreement upon no less than twenty-four (24) hours written notice from the time the Grantor becomes aware of the breach. If Grantor determines that a breach of any provision of this agreement has occurred, Grantor has the right to withhold a portion of the grant award as determined by the Board of Directors.

(b) Refusal to Grant Public Access: This Agreement may be terminated by the Grantor for refusal by the Grantee to allow public access to all documents, papers, letters, or other material subject to the provisions of Chapter 119, Florida Statutes, and made or received by the Grantee in conjunction with this Agreement. (Section 287.058, Florida Statutes)

(c) Unauthorized Aliens: Grantor will consider the employment of unauthorized aliens, by any contractor or subcontractor, as described by Section 274A(e) of the Immigration and Nationalization Act, cause for termination of this Agreement. Grantee shall utilize the U.S. Department of Homeland Security's E-Verify, in accordance with the terms governing the use of the system, to verify the employment eligibility of:

(a) All persons employed during the contract term by the contractor to perform employment duties within Florida; and

(b) All persons (including subcontractors) assigned by Grantee to perform work pursuant to this agreement.

## 6.0 PAYMENTS:

(a) Transfer of Funds. Funds will be made available by the Grantor to the Grantee, as a reimbursement for paid invoices, which are supported by canceled checks dated within the grant period, upon receipt and review of a completed Post Event Report. Only those items identified as allowable below will be reimbursed. The following summarizes the allowable/disallowable expenses that may be used for reimbursement.

### Allowable Expenses:

1. Promotion, marketing & programming
2. Paid advertising & media buys
3. Production & technical expenses; officials
4. Site fees, venue rentals, costs (contract help)
5. Rentals, insurance, rights fees, bid fees, sanction fees, non-monetary awards

### Disallowable Expenses:

1. General and administrative expenses
2. Building, renovating and/or remodeling
3. Permanent equipment purchases
4. Debts incurred prior to the grant
5. Programs which solicit advertising
6. Hospitality or social functions including meals or banquets
7. Travel expenses

(b) Availability of Funds. The Grantor's liability under this Grant Agreement is contingent upon the continued availability of an annual appropriation by the Legislature of the State of Florida. In the event this Grant Agreement extends beyond the Grantor's current fiscal year that begins on July 1 of each year and ends on June 30 of each succeeding year, the Grantor and the Grantee mutually agree that performance and payment during subsequent fiscal periods is contingent upon sufficient funds being appropriated. The Grantor shall be the final determiner of the availability of such funds.

## 7.0 LEGAL REQUIREMENTS:

(a) With respect to its interpretation, construction, effect, performance, enforcement, and all other matters, this Grant Agreement shall be governed by, and be consistent with, the whole law of the state of Florida, both procedural and substantive. Any and all litigation arising under this Grant Agreement shall be brought in the appropriate state of Florida court in Leon County, Florida.

(b) Grantee agrees to comply with any and all applicable federal, state, and local laws related to the

execution of the Grant Agreement.

8.0 **MODIFICATION**: This writing and any Attachments herein, contains the entire Grant Agreement of the parties. No representations were made or relied upon by either party, other than those that are expressly set forth. No agent, employee, or other representative of either party is empowered to alter any of the terms of this Grant Agreement, unless done in writing and signed by an executive officer of the Grantee and designee for the Grantor.

9.0 **MISCELLANEOUS**:

(a) The Grantor is not bound by any agreements to indemnify or hold harmless, nor responsible for liquidated damages or cancellation charges.

(b) No provision of this Grant Agreement shall be construed as a waiver by the Grantor of any right, defense or claim, which the Grantor may have in any litigation arising under the Grant Agreement. Nor shall any Agreement provision be construed as a waiver by the state of Florida, and its employees and agents, of any right to initiate litigation.

(c) The Grantee affirms that it is aware and knowledgeable of the Grantor's Grant Program Policies & Procedures in place and effective throughout the term of this Grant Agreement, which contains information and documentation required for the release of grant funds not found in this Agreement.

(d) The Grantee agrees to coordinate with other components of State and local economic development systems, and avoid duplication of existing State and local services and activities.

10.0 **VENDORS ON SCRUTINIZED COMPANIES LIST**:

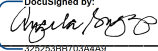
By executing this Agreement, the Grantee certifies that it is not: (1) listed on the Scrutinized Companies that Boycott Israel List, created pursuant to section 215.4725, Florida Statutes, (2) engaged in a boycott of Israel, (3) listed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to section 215.473, Florida Statutes, or (4) engaged in business operations in Cuba or Syria. Pursuant to section 287.135(5), Florida Statutes, the GRANTOR may immediately terminate this Agreement for cause if the Grantee is found to have submitted a false certification as to the above or if the Grantee is placed on the Scrutinized Companies that Boycott Israel List, is engaged in a boycott of Israel, has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or has been engaged in business operations in Cuba or Syria, during the term of the Agreement. If the GRANTOR determines that the Grantee has submitted a false certification, the GRANTOR will provide written notice to the Grantee. Unless the Grantee demonstrates in writing, within 90 calendar days of receipt of the notice, that the GRANTOR's determination of false certification was made in error, the GRANTOR shall bring a civil action against the Grantee. If the GRANTOR's determination is upheld, a civil penalty equal to the greater of \$2 million or twice the amount of this Agreement shall be imposed on the Grantee, and the Grantee will be ineligible to bid on any Agreement with a Florida agency or local governmental entity for three years after the date of the GRANTOR's determination of false certification by the GRANTOR. (If federal law ceases to authorize the states to adopt and enforce the contracting prohibition identified in this paragraph, this paragraph shall be null and void).

11.0 **TIME IS OF THE ESSENCE:**

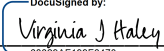
Time is of the essence regarding the performance obligations set forth in this Agreement. Deadlines to timely complete deliverables, reports, information and documentation shall be strictly construed.

**IN WITNESS WHEREOF**, the parties have caused their hand to be set by their respective duly authorized officials hereto.

**Florida Sports Foundation**

DocuSigned by:  
  
32623858703449...  
\_\_\_\_\_  
Angela Suggs, President & CEO  
  
11/24/2019  
\_\_\_\_\_  
Date

**For Sarasota County Sports Commission**

DocuSigned by:  
  
68829AF199F6470...  
\_\_\_\_\_  
Virginia J Haley  
Signature - Authorized Agent  
  
President  
\_\_\_\_\_  
Title  
  
11/20/2019  
\_\_\_\_\_  
Date

The remainder of this page is intentionally left blank.

**Attachment A****THIS IS A STATE FUNDED AWARD**

1. The Grantor hereby indicates state financial assistance is used to fund this Agreement, awarded through the Department of Economic Opportunity by an agreement.
2. State Project

<b>FLORIDA SPORTS FOUNDATION Funding FY 2019-2020</b>		
<b>Line Item</b>	<b>Title</b>	<b>Fund</b>
2324	Grants and Aids – FLORIDA SPORTS FOUNDATION	State Economic Enhancement and Development (SEED) TF
2324	Grants and Aids – FLORIDA SPORTS FOUNDATION	Professional Sports Development TF

**Catalog of State Financial Assistance**

Standard state project number identifier: **40.040**

State Project Title: **Local Economic Development Initiatives**

Agency: **Department of Economic Opportunity**

Program: **Community Development/Division of Strategic Business Development**

Budget Entity: **40300100 / 40300200 / 40400100 Community and Economic Development Projects**

Specific Appropriation: **Line Item 2324**

Appropriation Category: **100562 / 100931 / 102241 – Community and Economic Development Projects**

Authorization: **GAA**

3. In connection with the audit requirements addressed in herein, the Grantee shall ensure that the audit complies with the requirements of Section 215.97(8), Florida Statutes. This includes submission of a financial reporting package as defined by Section 215.97(2), Florida Statutes, and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General.
4. Additional information regarding the Florida Single Audit Act can be found at: <https://apps.fldfs.com/fsaa/statutes.aspx>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/27/2018

**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).

<b>PRODUCER</b> Purmort and Martin Insurance Agency LLC 2301 Ringling Boulevard  Sarasota FL 34237	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Patti Jackson</td> </tr> <tr> <td>PHONE (A/C, No, Ext): (941) 366-7070</td> <td>FAX (A/C, No): (941) 953-4901</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: Patti@purmort.com</td> </tr> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> </tr> <tr> <td>INSURER A: Mount Vernon Fire Ins Co</td> <td>NAIC #: 26522</td> </tr> <tr> <td>INSURER B: Owners</td> <td>32700</td> </tr> <tr> <td>INSURER C: United States Liability Ins Co</td> <td>25895</td> </tr> <tr> <td>INSURER D: Zenith Insurance Company</td> <td>13269</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME: Patti Jackson		PHONE (A/C, No, Ext): (941) 366-7070	FAX (A/C, No): (941) 953-4901	E-MAIL ADDRESS: Patti@purmort.com		INSURER(S) AFFORDING COVERAGE		INSURER A: Mount Vernon Fire Ins Co	NAIC #: 26522	INSURER B: Owners	32700	INSURER C: United States Liability Ins Co	25895	INSURER D: Zenith Insurance Company	13269	INSURER E:		INSURER F:	
CONTACT NAME: Patti Jackson																					
PHONE (A/C, No, Ext): (941) 366-7070	FAX (A/C, No): (941) 953-4901																				
E-MAIL ADDRESS: Patti@purmort.com																					
INSURER(S) AFFORDING COVERAGE																					
INSURER A: Mount Vernon Fire Ins Co	NAIC #: 26522																				
INSURER B: Owners	32700																				
INSURER C: United States Liability Ins Co	25895																				
INSURER D: Zenith Insurance Company	13269																				
INSURER E:																					
INSURER F:																					
<b>INSURED</b>  Sarasota Convention and Visitors Bureau Inc., DBA: VISIT SARASOTA 1777 Main Street Suite 302  Sarasota FL 34236																					

**COVERAGES**                                  **CERTIFICATE NUMBER:** 18/19 GL                                  **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		NBP2550361G	10/01/2018	10/01/2019	EACH OCCURRENCE	\$ 1,000,000
							\$ 100,000	
	MED EXP (Any one person)						\$ 5,000	
	PERSONAL & ADV INJURY						\$ 1,000,000	
	GENERAL AGGREGATE						\$ 2,000,000	
	PRODUCTS - COMP/OP AGG						\$ Included	
	\$ 1,000,000							
	\$ 1,000,000							
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			5099900600	12/19/2017	12/19/2018	<b>COMBINED SINGLE LIMIT</b> (Ea accident)	\$ 1,000,000
							\$	
	BODILY INJURY (Per person)						\$	
	BODILY INJURY (Per accident)						\$	
	PROPERTY DAMAGE (Per accident)						\$	
Medical payments	\$ 5,000							
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>  <input type="checkbox"/> EXCESS LIAB			CUP1554586C	10/01/2018	10/01/2019	EACH OCCURRENCE	\$ 1,000,000
							\$ 1,000,000	
	AGGREGATE						\$	
D	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> Y	N / A	M1158504	01/05/2018	01/05/2019	PER STATUTE    OTH-ER	
							\$ 1,000,000	
							\$ 1,000,000	
							\$ 1,000,000	
							\$	
a	Directors & Officers Liability			NBP2550361G	10/01/2018	10/01/2019	Aggregate/Each Occu	1,000,000
	Employment Practices Liability						1,000,000	
	Deductible						\$500	

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Florida Sports Foundation is listed as Additional Insured as respects to General Liability.

<b>CERTIFICATE HOLDER</b>  Florida Sports Foundation 101 North Monroe Street Suite 1000 Tallahassee FL 32301	<b>CANCELLATION</b>  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  
---	--



## Additional Named Insureds

### Other Named Insureds

Sarasota County Sports Commission                      Doing Business As

VISIT SARASOTA COUNTY                                      Doing Business As

VISIT SARASOTA COUNTY; Sarasota County Sports Commi                      Doing Business As