



KIDS HOPE ALLIANCE

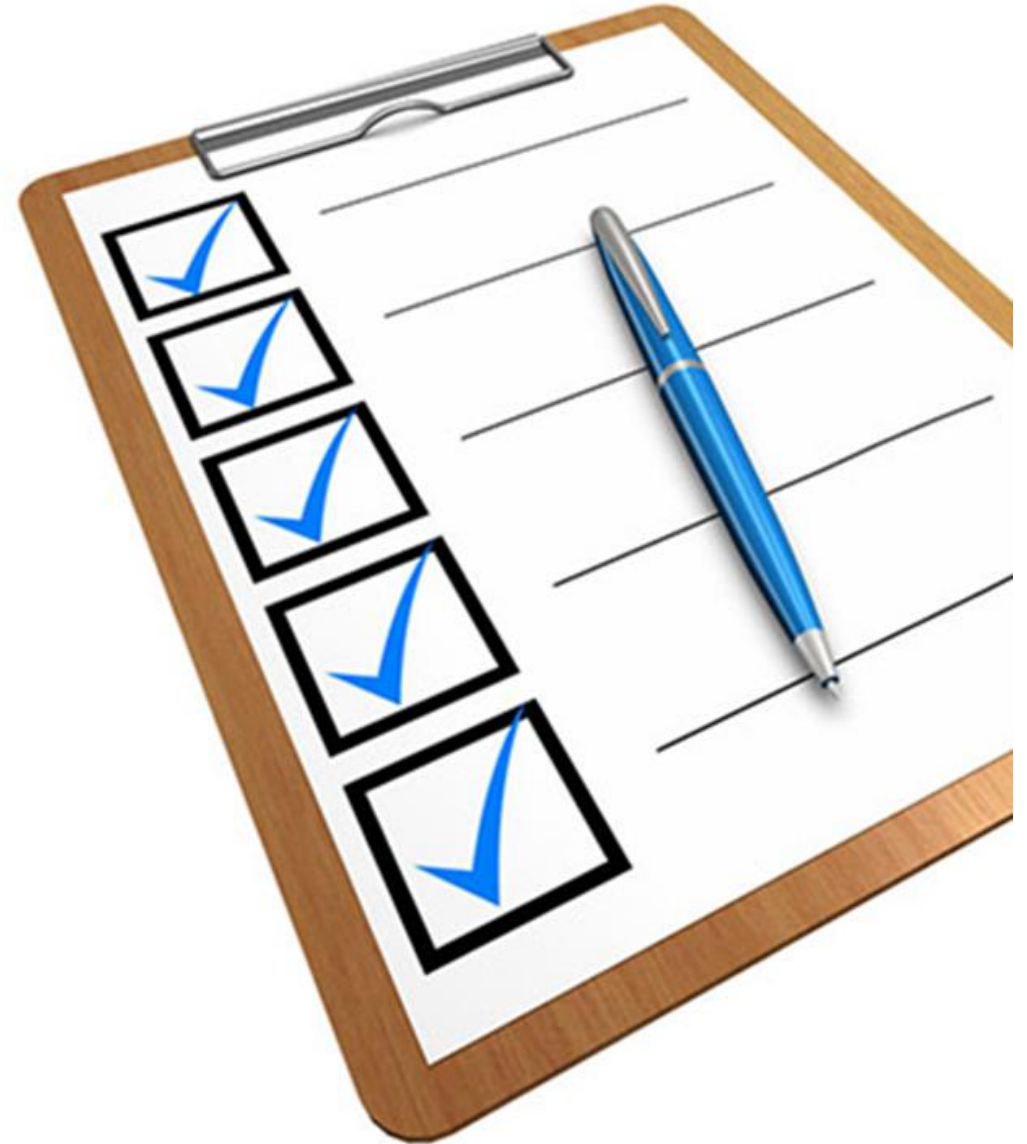
The Jacksonville Partnership
for Children, Youth & Families

Provider Onboarding

7/14/21

HOUSEKEEPING

- Meeting recorded
- Webinar format
- Use chat feature
- Q&A session at end

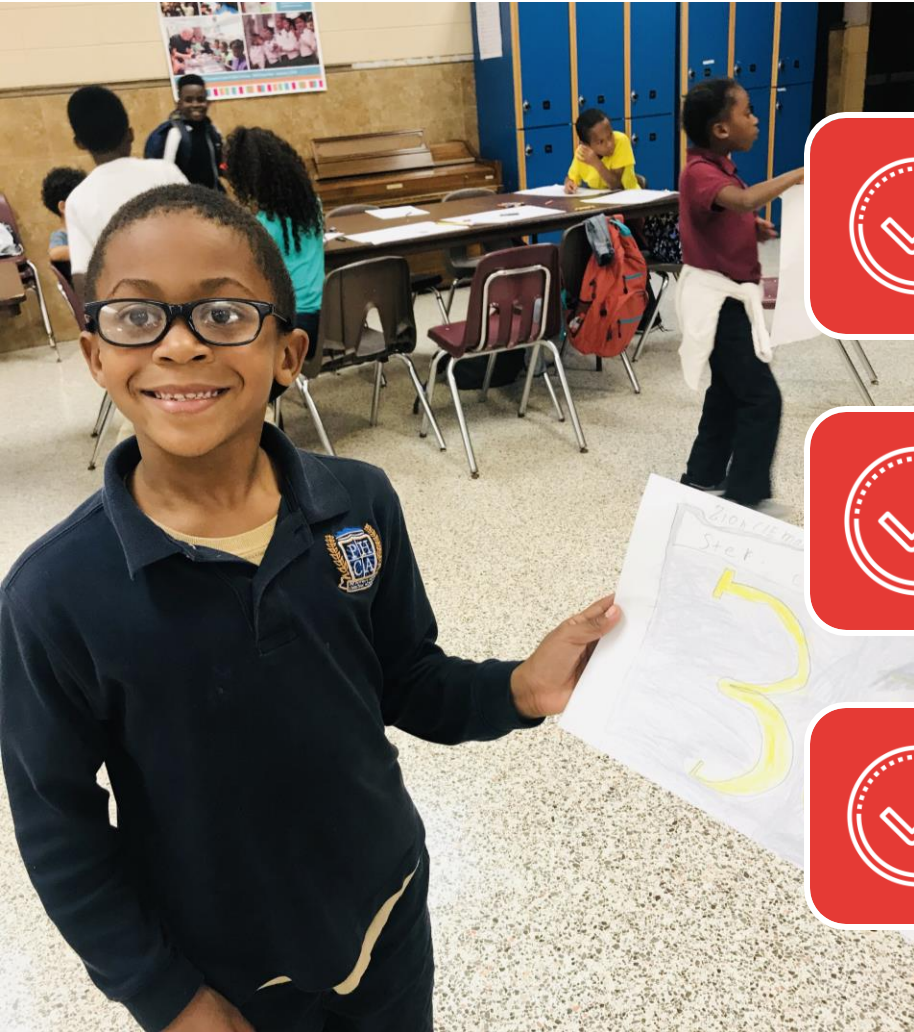


CONTRACT/RFP ADDENDUMS

- Focus on upcoming addendums
- Contracts will be amended late August
- Staff did not want to delay payment
- Changes are intended to be retroactive to start date



AGENDA



- **OST Only**

- Attachment M Deliverables
- Target/Priority Population
- Monthly Checklist
- PQA Trainings

- **Scope of Services/Site Location Changes**

- **Audit Requirements**
- **Data Reporting Requirements**
- **Insurance Requirements**

- **Incident Reporting**

- **Communications, Marketing, and Branding**
- **Q& A**

ATTACHMENT M (DELIVERABLES)

- Due 10th of following month
- Monthly Incident Log
- Student ID #s accuracy
- Agencies exempt from DCF licensing
- Reimbursement submission

Attachment M General Ledger Monthly Deliverable Descriptions

Monthly deliverables are due by the 10th of the following month and must be submitted for requests to be approved (KHA reserves the right to make changes prior to contract execution):

- Monthly Attendance
- Monthly reports (program successes, highlights, lessons learned, and progress towards outcomes)
- Monthly Incident Log
- Monthly affidavit outlining Level II background screening for all staff and volunteers
- Student ID numbers are to be maintained at a 100% accuracy rate

All other deliverables are due on the following monthly schedule:

August

Deliverable 1 - DCF licensure or exemption renewal status

Deliverable 1a - Agencies exempt from DCF licensing only (copy of current and approved fire inspection and copy of current load certificate)

Deliverable 2 - Staff orientation training (Agenda & Sign in Sheet)

Deliverable 3 - Budget submission in SAMIS

Deliverable 4 - Actual Expenditure Report (from prior year)

September

Deliverable 1 - Program Manager and Data Manager FERPA training completed

Deliverable 2 - CPR/First Aid (including AED) training completed

Deliverable 3 - Evidence of supplemental snacks/meals

Deliverable 4 - Parent orientation documentation completed (Agenda & Sign in Sheet)

Deliverable 5 - Website identifying KHA as a partner/ funder

October

Deliverable 1 - Teacher certification documentation

Deliverable 2 - Daily Schedule and monthly calendar of events

Deliverable 3 - DCF training and credentialing requirements

Deliverable 4 - PCA BASICS (New Program Managers)

TARGET/ PRIORITY POPULATION



- For community-based:
 - Entering K thru 12th graders (Special Needs up to 21 years)
 - Duval County resident
 - Special Needs/Special Education
 - Family Income at or below 185% based on federal guidelines
 - May have up to 10% of students enrolled that are non-priority
- For school-based:
 - Must be attending or zoned (based on address) for that school

SCOPE OF SERVICES/ SITE LOCATION CHANGES

- Site locations or minor scope changes may be allowed in the following instances:
 - Pandemic
 - Natural disaster
 - Policy changes
- All changes must be requested through contract manager and pre-approved before taking effect

KHA COMMUNICATIONS AND MARKETING



Check out our new website!



Branding Guidelines

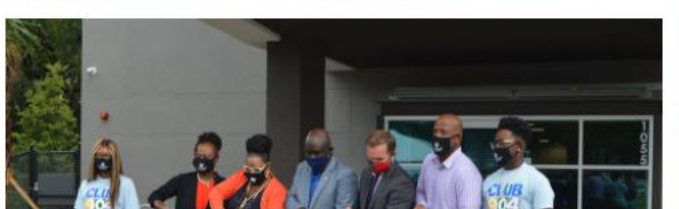


We'd love to help tell your story!

- **Khastories@coj.net**



- How We Fund
- SAMIS
- Training
- KHA Branding Guidelines and Logos



KHA STYLE GUIDE



KIDS HOPE ALLIANCE

Mission, Vision and Wording

Who We Are

Kids Hope Alliance: The Jacksonville Partnership for Children, Youth, and Families (KHA) is a fiscal agency of the City of Jacksonville and is responsible for overseeing the implementation and management of children and youth programs, services and activities, accomplished through third-party service providers.

Mission

To build and ensure access to a continuum of comprehensive and integrated programs, services, and activities that address the critical needs of children and youth.

Vision

Every child and youth will reach their academic, career, and civic potential.

Referring to Kids Hope Alliance

There is no "the" in the organization's title. We are Kids Hope Alliance, not the Kids Hope Alliance. Each word is capitalized. If you are referring to us using our acronym, we recommend using the full name first, followed by the acronym in parentheses. Then you can continue to use the acronym.

Example: You are formally invited to join Kids Hope Alliance (KHA) at the Summer Camp Kick-off. This year, KHA is equipping Providers for success with a lively and informative Zoom meeting that will feature presentations, a performance from local students, and a raffle.

Referring to Providers

The term Provider is always capitalized, indicating their importance to our organization. When referring to a Provider in connection with KHA, preface their name with KHA-funded Provider.

Example: KHA-funded Provider Boys and Girls Club of Northeast Florida supports thousands of students in Duval County.

KIDS HOPE ALLIANCE

Communication Usage Guidelines

Mandatory Communication Usage Guidelines

- (1) When a Provider describes KHA in written material (including news releases), use the following language: Kids Hope Alliance: The Jacksonville Partnership for Children, Youth, and Families (KHA), is a fiscal agency of the City of Jacksonville, and is responsible for overseeing the implementation and management of children and youth programs, services and activities, accomplished through third-party service providers.
- (2) Display KHA's logo according to the guidelines on Provider's website and on any printed promotional material paid for using KHA funds including stationery, brochures, flyers, posters, PDF's, emails, online/digital campaigns etc., describing or referring to a program or service funded by the KHA. The logo on Provider's website must include hyperlinks to kidshopealliance.org.

Recommended Activities

- (1) Mutually engage with KHA on various media platforms (Facebook, Twitter, Instagram, YouTube, LinkedIn) by following, liking, sharing, re-tweeting, commenting, etc.
- (2) Identify KHA as a funder in media interviews.
- (3) Notify KHA's Communications staff of any news release or media interview so the coverage can be promoted using appropriate media channels.
- (4) Place signage provided by KHA's Communications Division in Provider's main office/lobby and all additional work/service sites visible to the public, identifying KHA as a funder.
- (5) Display KHA's logo on signs and banners at events open to the public promoting funded programs that Provider sponsors or participates in.

Questions

Should you have any questions regarding the usage of the style guide, please contact KHAstories@coj.net.

[Welcome](#) > [Providers](#) > [KHA Branding Guidelines and Logos](#)

Wherever possible, use the primary logo with tagline. If space allows or is limited, you may also use the alternative logos with the full tagline.

To request a copy of the KHA Style Guide, or if you have any other questions, please email the Communications Team at KHAstories@coj.net.

Kids Hope Alliance Logos

KHA Logo (Primary)

PNG (best for web and digital media)

PNG (best for printed materials)



KHA Logo (No Tagline)

PNG (best for web and digital media)

PNG (best for printed materials)



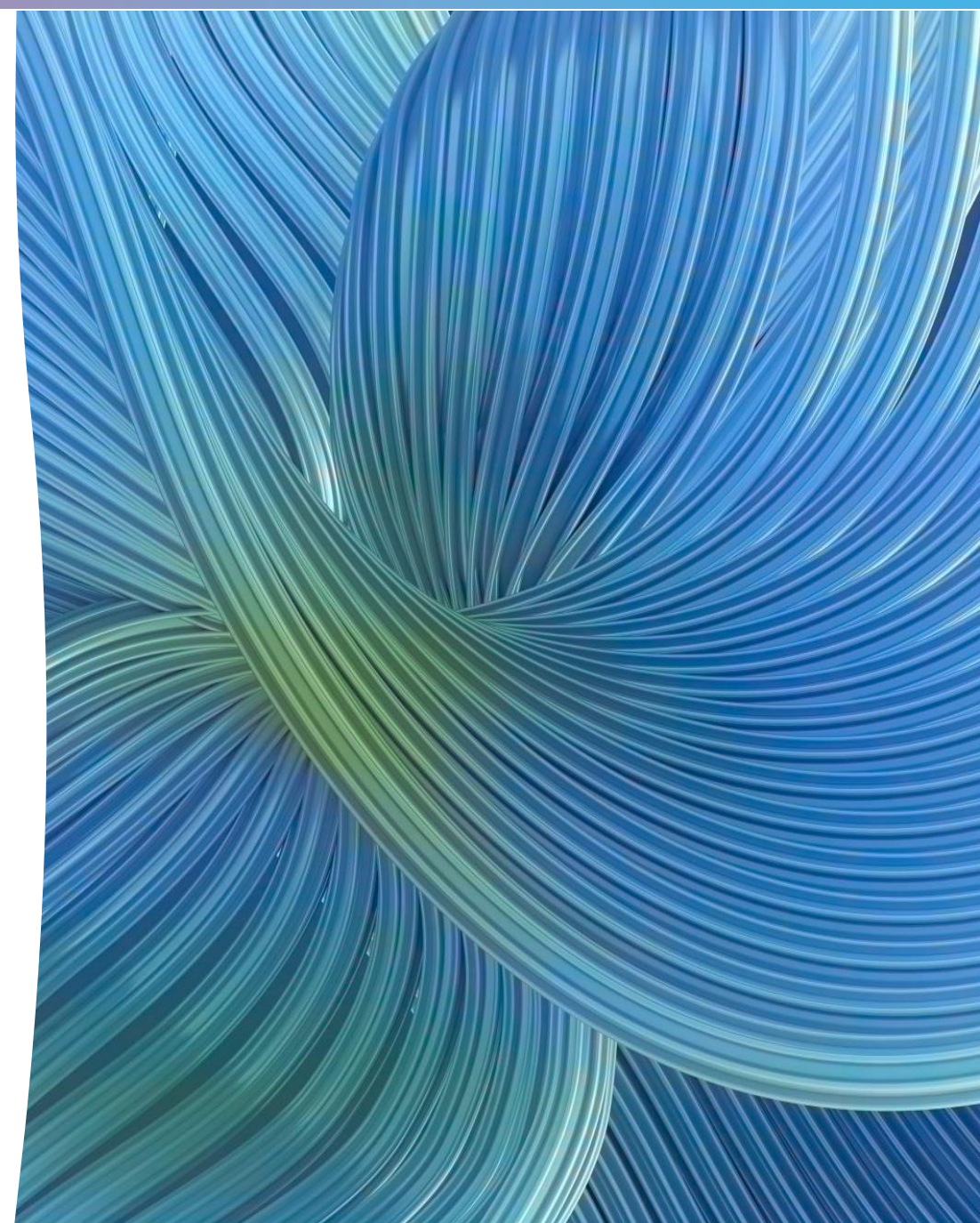
MONTHLY DELIVERABLES CHECKLIST

To assist you in tracking deliverables, we're asking that you submit A Monthly Deliverables Checklist and attach it to each month's reimbursement (Deliverable 1).

The checklist certifies that the required deliverables have been uploaded and provides examples of acceptable evidence.

Utilizing the file labeling instructions, customize the name of each checklist, deliverable and waiver.

Create an internal deadline for submission of monthly deliverables (5th of each month) for quality review and completion.



Monthly Deliverables Checklist Review



KIDS HOPE ALLIANCE
The Jacksonville Partnership
for Children, Youth & Families

Quality Management

PQA and Training



KIDS HOPE ALLIANCE
The Jacksonville Partnership
for Children, Youth & Families



QUALITY ASSESSMENTS

- ☐ Scheduled and unscheduled visits
- ☐ Don't forget to self assess!
- ☐ Upload results to Scores Reporter
- ☐ Tips for Success

ONLINE TRAINING



Online Methods Training Courses:

- All funded sites have unlimited enrollments to **Online YW Methods Workshops (1-3hr)**: The Youth Work Methods are powerful strategies for working with young people, based on positive youth development. Each Method is linked to assessment items and designed to help youth workers improve the areas they choose to focus on.
- These trainings are self-paced and accessible through the Weikart Center's online learning management system.
- Sign up for Methods courses between July 1st 2021 and June 30th, 2022. Individuals will have access to complete an online class for 90 days from date of enrollment.

ONLINE TRAINING ACCESS



Program Managers have Access to the following from the Center for Youth Program Quality:

- Unlimited online PQA Methods training courses, required by KHA contract
- Online PQA Basics course (for new Program Managers)
- Train the Trainer opportunities through the CYPQ store <https://store.cypq.org/>

Program Managers have access to these supports from KHA:

- Online PQA Basics Take-it-Back course for conducting self-assessments and training staff
Search <https://collabornation.net/course-catalog>
- Slide deck and resources for doing the 30-minute teach-back of each PQA Methods course
Go to <https://collabornation.net/sl/resources>
- Trauma Informed Care Requirement training options, TBRI and Youth Mental Health First Aid are also found in the Collabornation course catalog from KHA



KIDS HOPE ALLIANCE

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METHOD OF PAYMENT/AUDIT REQUIREMENTS

FINANCE-AUDITED FINANCIAL REQUIREMENTS

NEW



- Providers who receive cumulative annual contract amounts from KHA are required to furnish the following:
 - If amount received is less than \$200,000:
 - Furnish annual unaudited financial statements certified as to its accuracy by the Board Chair within 90 days of the close of the Provider's fiscal year.
 - If amount received is between \$200,000 to \$750,000:
 - Furnish a copy of an audit report in accordance with Generally Accepted Auditing Standards (GAAS) issued by the Auditing Standards Board of the American Institute of Certified Public Accountants (AICPA) within 180 days of the close of the Provider's fiscal year.
 - If amount received is more than \$750,000:
 - Furnish a copy of an audit report conducted in accordance with both GAAS and Government Auditing Standards (GAS), issued by the Comptroller General of the United States, and if applicable the provisions of the Office of Management and Budget Circular A-133, "Audits of Institutions of Higher Education and Other Nonprofit Organizations," of its financial affairs within 180 days of the close of the Provider's fiscal year.

FINANCE-AUDITED FINANCIAL REQUIREMENTS (CONT.)



- KHA shall have the authority to waive the audit requirement related to the Government Auditing Standards under any of the following conditions:
 - If KHA recognizes that the cost of implementing such an audit requirement adds substantially to the total cost of the audit; or
 - If KHA is the only entity that is requiring that the audit be conducted in accordance with Government Auditing Standards; or
 - The recipient provides other requested information that in the opinion of KHA satisfies the Government Auditing Standards requirements; or
 - If the recipient will no longer receive funding from KHA in future year due to dissolution of its operation
- If the financial statements or audit report has not been received by the required date, no payments will be made under any KHA contracts until such is furnished.
- If the financial statements, audit, or management letter from the audit reveals evidence of financial instability or internal control weakness, KHA Finance Committee will review and recommend appropriate action to the Board.



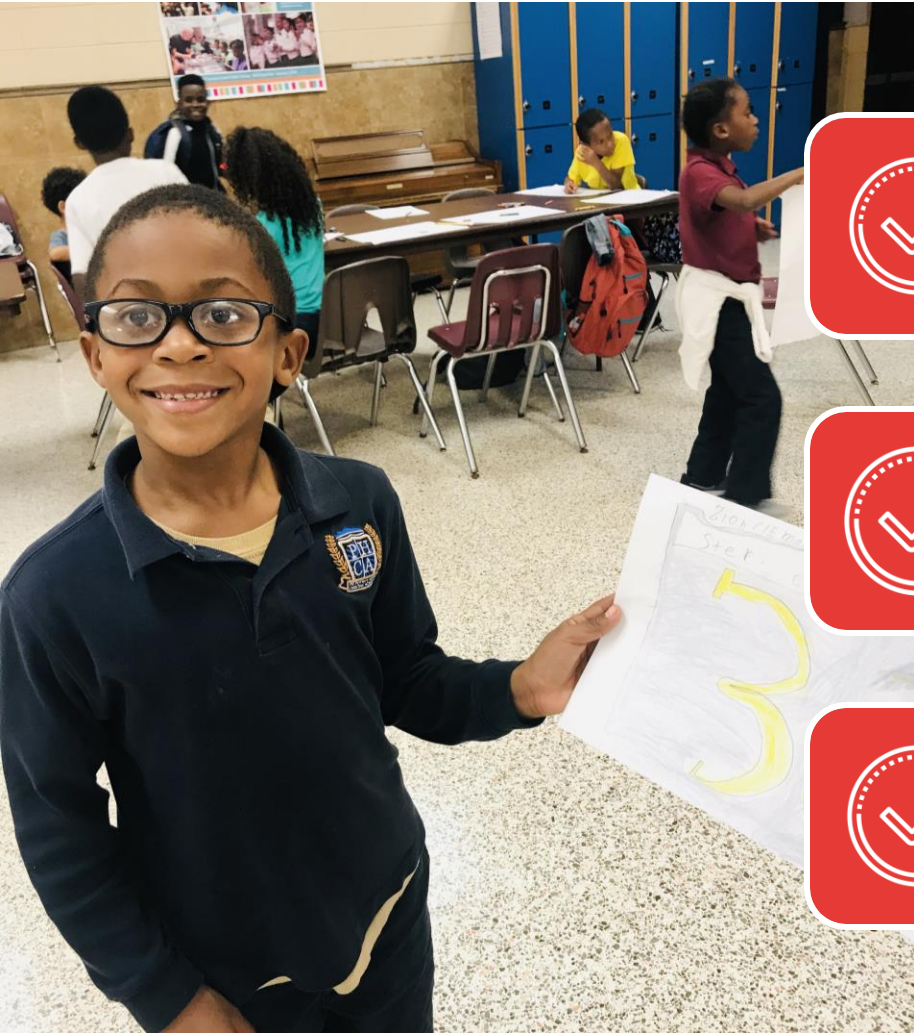
KIDS HOPE ALLIANCE
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SAMIS

CLOUD BASED INFORMATION SYSTEM

SAMIS TRAINING: MUST HAVE AN ACTIVE SAMIS ACCOUNT FIRST.



SAMIS User Account (New or Re-Activate Existing)

- Download the New User Request form at www.kidshopealliance.org/Providers/SAMIS.aspx
- Return the form to samis@coj.net



Schedule Training

- Training information can be obtained by emailing samis@coj.net



SAMIS access needed for:

- Data Manager
- Finance Manager (Creator and/or Submitter)



DATA SYSTEMS


- **Data Collection and Information Submission**

- Participant names with basic demographic data
- Units of Service (Activities to be determined)
- Student ID where applicable
- Document Repository

- **Financial Submissions**

- Budget
- Reimbursements
- Advances

<https://duval.samis.io>



Welcome to the Kids Hope Alliance - SAMIS Portal

☐ Remember Me [Forgot your password?](#)

[Sign In](#)

[Having trouble? Contact Support](#)

SAMIS 3.0

Coming January 1, 2022



FLEX



▼ RODGER BELCHER

Welcome Rodger!

⚙️ ADMIN

📊 BI

📢 CAMPAIGNS

📦 DELIVERY

💰 FISCAL

📄 FORMS

👤 MY PROFILE

📊 REPORTS

🔧 SAMIS

🛠️ SUPPORT

Click to add text

JULY 7TH UNITS OF SERVICE – SUMMER CAMP



1. Determine the number of UOS recorded for each date to include 7/06, 7/08 and 7/09. For example:
 - 7/06 = 39 Units of Service
 - 7/08 = 40 Units of Service
 - 7/09 = 38 Units of Service
2. Sum those 3 daily UOS values and divide the sum by 3 to find your ADA
 - $39 + 40 + 38 = 117$ Units of Service
 - $117 / 3 = 39$ Units of Service (ADA)
3. Then take the 3 day ADA amount and record UOS for that many participants on July 7.
 - ***For this example, you would navigate to your UOS Input module and record 1.00 Unit of Service for 39 participants.***

This is only an example, your Average Daily Attendance will very likely be different than the 39 UOS shown in this example.

PUOS PAYMENT REPORT (PUOSPR-2)

- Traditional Formula for Units of Service Reimbursement: $(\# \text{ UOS Recorded}) \times (\text{UOS } \$ \text{ Amount})$

Participant	UOS Recorded	UOS \$ Value	Total
John	20	\$11.22	\$224.40
Jill	15	\$11.22	\$168.30
Jane	16	\$11.22	\$179.52

PUOS PAYMENT REPORT (PUOSPR-2)

- 80% Rule for Units of Service Reimbursement:

20 Days of Service in this example!

Threshold = (# Days of Service in Month) x .80 Threshold would be 16 days.

If (Participant's UOS >= Threshold) then Pay

(# Days of Service in Month) x (UOS \$ Amount)

Else Pay

(# UOS Recorded) x (UOS \$ Amount)

Participant	# Days of Service recorded in Month (UOS)	Threshold	Met Threshold	UOS \$ Value	Total
John	20	16	Yes	\$11.22	\$224.40
Jill	15	16	No	\$11.22	\$168.30
Jane	16	16	Yes	\$11.22	\$224.40
James	17	16	Yes	\$11.22	\$224.40

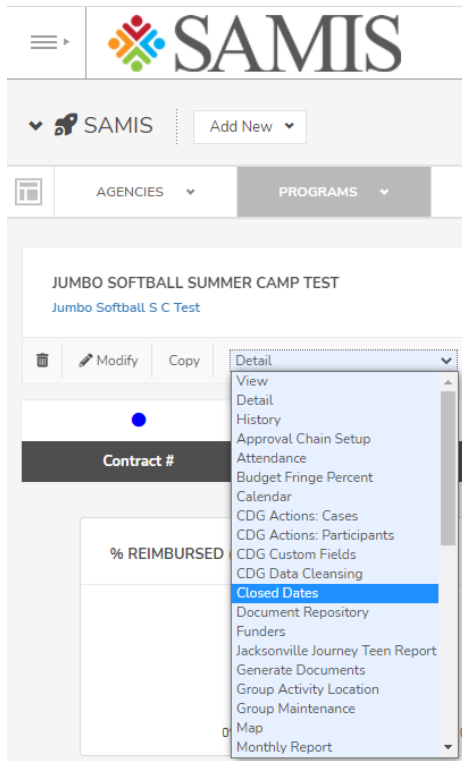
PUOS PAYMENT REPORT (PUOSPR-2)

- This method of payment request will only work if you correctly use the 'Closed Dates' module to close non-service days for the month in question.

22 Open Service Days in August 2021

Threshold = (22 Days) x (.80)

Threshold = 17.6 or 18 Days



July 2021							August 2021							September 2021							October 2021						
Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3	4						1			1	2	3	4	5					1	2	3
5	6	7	8	9	10	11	2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10
12	13	14	15	16	17	18	9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17
19	20	21	22	23	24	25	16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24
26	27	28	29	30	31		23	24	25	26	27	28	29	27	28	29	30				25	26	27	28	29	30	31
							30	31																			

November 2021							December 2021							January 2022							February 2022						
Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su
1	2	3	4	5	6	7			1	2	3	4	5						1	2		1	2	3	4	5	6
8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9	7	8	9	10	11	12	13
15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16	14	15	16	17	18	19	20
22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23	21	22	23	24	25	26	27
29	30						27	28	29	30	31			24	25	26	27	28	29	30	28						

Forget to close weekends then the Threshold will be 25 days.

PUOS PAYMENT REPORT (PUOSPR-2)



This report is: **COMING SOON**

- Finance Managers: Please watch for instructions on how to run the PUOS Payment Report

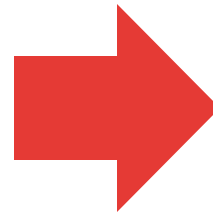
INSURANCE REQUIREMENTS UPDATES

As a part of KHA's ongoing efforts to work with the contracted providers to streamline processes and remove barriers to access, we have worked with COJ's Risk Management Department to adjust our insurance requirements to better meet your needs.

Change to the requirements are:

- Commercial General Liability changed **FROM** \$1,000,000 per occurrence/\$2,000,000 aggregate
- Changed **TO** \$200,000 per occurrence/\$300,000 aggregate.
- This change is effective **08/01/2021**

Commercial General Liability
changed **FROM** \$1,000,000 per
occurrence/\$2,000,000 aggregate



Changed **TO** \$200,000 per
occurrence/\$300,000 aggregate.

SCHOOL BASED INSURANCE COVERAGE

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Agent Information
INSURED Insured Name
 Insured Address

CONTACT NAME Insurance Agent Contact Information
PHONE () () () () () ()
FAX () () () () () ()
ADDRESS () () () () () ()
INSURANCE AFFORDING COVERAGE AM BEST RATING A-VII OR BETTER
NAIC # Submit #

INSURER A: AM BEST RATING A-VII OR BETTER
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

as per contract the insurer has to be AM Best rating A-VII or better.

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

TYPE OF INSURANCE	ADD. INSUR. () () () () () ()	POLICY NO.	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PERIOD <input type="checkbox"/> LOC. AUTOMOBILE LIABILITY if applies <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB. <input type="checkbox"/> OCCUR EXCESS LIAB. <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> X ANY PROPRIETARY PARTNER/EXECUTIVE OFFICER/BOARDER EXCLUDED? (Mandatory in FL) If yes, describe the EXCLUSION OF OPERATION/COVERAGE AD&D if applies <input checked="" type="checkbox"/> <input type="checkbox"/> Sexual Molestation <input checked="" type="checkbox"/> <input type="checkbox"/> Professional Liability if applies <input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	policy number	Eff. date	Exp. date	EACH OCCURRENCE \$200,000 DAMAGE TO RENTED PREMISES (per occurrence) \$20,000 MED. EXP. (per one person) \$5,000 PERSONAL & ADV. INJURY \$100,000 if apply GENERAL AGGREGATE \$300,000 PRODUCTS - COMPOD AGG. \$100,000 if apply COMBINED SINGLE LIMIT (per occurrence) \$1,000,000 BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ PROPERTY DAMAGE (per person) \$ EACH OCCURRENCE \$ AGGREGATE \$ V.C. STAT. TORT LIMITS <input type="checkbox"/> <input type="checkbox"/> E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000 \$15,000 Per Participant \$1,000,000 Per Claim \$2,000,000 Aggregate \$1,000,000 Per Claim \$1,000,000 Agg.
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) summer camp or program name: • DCPS & The City of Jacksonville, its members, officials, officers, employees and agents are named as additional insured on General Liability, Sexual Molestation and Automobile Liability. • Coverages are Primary and Non-Contributory • Waiver of Subrogation in favor of DCPS & the City of Jacksonville, its members, officials, officers, employees and agents applies to General Liability, Auto Liability, Sexual molestation, Professional Liability and Workers Compensation. • 30 day notice of cancellation to the City of Jacksonville, its members, officials, officers, employees and agents applies on General Liability, Auto Liability, Sexual molestation, Professional Liability and Workers Compensation.					

CERTIFICATE HOLDER CITY OF JACKSONVILLE
 117 W. DUVAL STREET STE 335
 JACKSONVILLE, FL 32202

CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE *Authorizing Agency Representative*

ACORD 25 (2010/06) School base COI
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COMMUNITY BASED INSURANCE COVERAGE

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)

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.

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PRODUCER Insurance Agent Information INSURED Insured Name Insured Address	CONTACT Insurance Agent Contact Information PHONE (A/C, H/O, E/AL): FAX (A/C, H/O, E/AL): ADDRESS:
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INSURER A: AM BEST RATING A-VII OR BETTER INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # Submit #
---	--------------------


as per contract the insurer has to be AM Best rating A-VII or better.

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

LINE	TYPE OF INSURANCE	INSUR. RYCD	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
0	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PER <input type="checkbox"/> LOC	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	policy number	Eff. date	Exp. date	EACH OCCURRENCE \$200,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$100,000 if apply GENERAL AGGREGATE \$100,000 PRODUCTS - COMPOP AGO \$100,000 if apply
0	AUTOMOBILE LIABILITY if applies <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HERED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	policy number	Eff. date	Exp. date	COMBINED SINGLE LIMIT (Per occurrence) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per occurrence) \$ EACH OCCURRENCE \$ AGGREGATE \$
0	UMBRELLA LIAB EXCESS LIAB RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPERTY PARTNER/EXECUTIVE OFFICIALS/AGENTS IS INCLUDED (Mandatory in FL) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> <input type="checkbox"/>	policy number	Eff. date	Exp. date	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY S.L. EACH ACCIDENT \$100,000 S.L. DISEASE - EA EMPLOYEE \$100,000 S.L. DISEASE - POLICY LIMIT \$500,000
0	ADSD if applies Sexual Molestation Professional Liability if applies	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	policy number	Eff. date	Exp. date	\$15,000, Per Participant \$1,000,000 Per Claim \$2,000,000 Aggregate \$1,000,000 Per Claim \$3,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 summer camp or Program name:
 • The City of Jacksonville, its members, officials, officers, employees and agents are named as additional insured on General Liability, Sexual Molestation and Automobile Liability. • Coverages are Primary and Non-Contributory • Waiver of Subrogation in favor of the City of Jacksonville, its members, officials, officers, employees and agents applies to General Liability, Auto Liability, Sexual molestation, Professional Liability and Workers Compensation. • 30 day notice of cancellation to the City of Jacksonville, its members, officials, officers, employees and agents applies on General Liability, Auto Liability, Sexual molestation, Professional Liability and Workers Compensation.

CERTIFICATE HOLDER CITY OF JACKSONVILLE 117 W. DUVAL STREET STE 335 JACKSONVILLE, FL 32202	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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WORKERS COMPENSATION EXEMPTION

If your organization is exempted from worker's compensation because of one of the following reasons:

- Less than three employees
- Church or religious organization

Please complete an exemption letter on company letterhead and signed by CEO/President.

Company Name
Mailing Address
Phone Number
email

date

City of Jacksonville
117 W Duval St, # 335
Jacksonville, FL 32202

This is to certify that *Company name* is exempt from purchasing Workers
Compensation insurance under the Florida Statute 440.

Owner's Name, signature and title



Insurance Coverage Resources

Small Business, Non-Profits and Grant Recipients

FROM: Tracy Flynn, Chief of Risk Management

DATE: May 17, 2021

Based on our research and consultation with our Broker and our insurance consultant, we have compiled the following list as a resource for obtaining required insurance coverage when working with the City of Jacksonville. These resources are generally geared towards smaller businesses, non-profits and grant recipients and in some instances can be purchased for a term less than the typical one year. Some of the smaller vendors may not be working with a broker, which eliminates some of the options below. This is a rapidly evolving market and will be updated as new resources become apparent. This list is not endorsed nor has been vetted by Risk Management. Please reach out to Risk Management if you have any questions – we are here to help.

Wholesale Market – Requires to be purchased through a broker:

- Tysers Insurance (London and Miami) <https://www.tysers.com/>, which is entirely a wholesale operation (i.e., only sells two other insurance brokers)
- Markel Insurance Services <https://www.markelinsurance.com/>. In some circumstances, Markel insurance services will also provide retail broker services directly to insureds

Retail Market:

- **Thimble** – Short term options.
https://www.thimble.com/jp/static/save.html?utm_source=google&utm_medium=cpc&utm_campaign=BRAND|Thimble&utm_term=thimble%20insurance&qclid=Cj0KCQjw5auGBhDEARIsAFyNm9FGq5taKOKfb-UAYJTsrZwJ08UegT6wXvCdtEFdC2qmUbHLRIU9cWAAAratEALw_wcB
- **K and K insurance** – Specific to children and youth activities such as day camps, special events, etc. <https://www.kandkinsurance.com/Pages/Home.aspx>

Solely with respect to nonprofit organizations, there are some additional retail level resources available the specialize in insurance products for nonprofit organizations, including sexual abuse and molestation coverage. We expect that these providers could be helpful to nonprofit entities as abuse and molestation is much closer to being a "core" coverage for many nonprofit entities.

- **Nonprofits Insurance Alliance** (<https://insurancefor nonprofits.org/>)
- **Nonprofit Insurance Services** (<https://npis.com/>)

Special Events - several of the insurers that write liability coverage for special events, will offer abuse and molestation coverage as an add-on or on a standalone basis if they write the remaining coverage for the event. If the vendor's insurance agent is unable to procure the coverage, we recommend that they seek out one of the wholesalers or retail options listed above.

Sexual molestation coverage is going to be an add-on and is not expensive in most cases but comes with some caution outlined below:

From our Broker: Note on Sexual Molestation coverage which is required when working with children and possibly with the elderly - *In our research, we did come across a number of discussions in articles which indicated that abuse and molestation coverage is available from some insurers at very low premiums which can be as low as \$200 a year. We were unable to get specific names or vendors or insurers that provide such coverage at such a price, and we suspect it is often an add-on to an existing liability or package policy. In any case, we want to urge extreme caution with some of these potential low-cost programs that might be out there. There is absolutely no standardization in abuse and molestation liability coverage, and the variations in coverage available can be extreme. Important factors to look at are whether the coverage provides defense costs outside the limits, a separate limit for the coverage if it is added to another policy, high deductibles or self-insured retentions, coinsurance provisions, limitations of coverage to vicarious liability only, and numerous other potential exclusions.*

LIST OF INSURANCE CARRIERS

- If you are interested in shopping for a new insurance carrier, the chart below shows a listing of Insurance Carriers the City of Jacksonville, frequently works with.

Insurance Agency	Address	Phone #	E-mail	Web Page
Brown & Brown of Florida Inc	10151 Deerwood Park Blvd., Bldg 100, Ste 100, Jacksonville, FL 32254	904-565-1952		www.bbinsurance.com
Cecil W. Powell & Company	219 N. Newnan Street, Jacksonville, FL 32202	904-353-3181		www.cwpowellins.com
Harden and Associates	501 Riverside Avenue, Suite 1000, Jacksonville, FL 32202	904-354-3785		www.hardeninsight.com
Haynes Peters & Bond Company	1000 Riverside Ave, Suite 500, Jacksonville, FL 32204	904-358-1877	info@hpbins.net	www.hpbins.net/commercialinsurance
Rumlin Insurance Agency	P.O. Box 12263, Jacksonville, FL 32209 / 5600 New Kings Road #4 / 12627 San Jose Blvd # 204	904-764- 1753 904-292- 2794	jsanders@rumlinins.com	www.rumlinins.com
Shapiro Insurance Group	9313 Old Kings Road S, Jacksonville, FL 32257	800-563-5467	info@insuresig.com	www.shapiroinsurancegroup.com

INCIDENT REPORTING

Incident Reporting Policy for Kids Hope Alliance will be changing as of 08/01/2021

Providers are required to report incidents, occurrences, or events which:

- Place clients or employees at risk
- Result in serious injury to clients or employees
- Require the direct intervention of program or agency management staff
- Could generate public reaction or media attention.



INCIDENT REPORTING FORM

Emergency incidents which include but not limited to the following, will be reported to KHA via an incident reporting form.

- Abduction/kidnapping of a client
- Auto accident resulting in injury
- Bomb threat
- Child abuse
- Epidemic or other public health
- Fire, flood, or other disaster
- Child lost from program





EMERGENCY INCIDENT REPORT

1. Agency/Program: _____ Contract #: _____
Site Address: _____
2. Type of Incident: _____
3. Location of Incident (if different than above): _____
3. Date and Time of Incident: _____
4. Name & Age of Participant Involved: _____
5. If necessary, was report made to Abuse Hotline? Yes: _____ No: _____ N/A: _____
If Yes, date and time of report: Date: _____ Time: _____
6. Injury? Yes: _____ No: _____
7. If Yes, what type of injury? _____
8. Witnesses: _____
9. Describe the incident. (What took place, how the incident evolved, staff response, assistance obtained, the outcome, etc.). Include any additional official reports pertaining to the incident (i.e. JSO, Fire and Rescue, Child Protective Services). _____

10. Person Completing Report: _____
Print Name Signature Date
11. Contact Information: Phone Number: _____ Email Address: _____
12. Program Manager Information: _____
Print Name Signature Date
13. Contact Information: Phone Number: _____ Email Address: _____

MONTHLY NON- EMERGENCY INCIDENT REPORT LOG

- All non-emergency incidents will be reported on the Monthly Non-Emergency Incident Report Log
- The log should be uploaded by the 10th of the following month into the Document Repository in SAMIS as part of the monthly submission package.





Monthly Non-Emergency Incident Report Log

Month/Year: _____ Agency/Program: _____ Contract #: _____

Site Address: _____

Date of Incident	Time of Incident	Party filling out Log	Name of Party(s) involved	Description of incident	Injury - Y/N	Type of Injury	Witnesses	Other Notes

