



EXECUTIVE SUMMARY

Recommendation that the Broward College District Board of Trustees authorize a standard agreement (purchase order) with Gregg Rossman to provide training courses and seminars utilizing Florida Department of Law Enforcement certified instructor(s), for Professional and Executive Development at the Institute of Public Safety for FY2025-2026 using the bid waiver exemption for professional services. Fiscal Impact: \$43,400.00, Cumulative amount: \$0.00, Revenue: \$0.00

Presenter(s): Jeffrey Guild, Vice Provost of Academic Affairs

1. Describe the purpose of this purchase of goods, services, information technology, construction, or use of space. The purpose of this contract is for the vendor to deliver the Criminal Justice Standards and Training Commission 40-hour courses “Case Preparation and Court Presentation” four times, and “Criminal Law” three times, utilizing Florida Department of Law Enforcement certified instructors. The contract is needed to address the need for career development for new and prospective supervisors at Broward County criminal justice agencies.

2. Describe the competitive solicitation method used or, if none, the exemption relied on for bid waiver. A Bid Waiver Exception for Professional Services (Instructional Services) per FLDOE Rule 6A-14.0734 and College Procedure A6Hx2-6.34 was used, where the course is required to be taught by a Criminal Justice Standards and Training Commission Certified General Instructor pursuant to subsection 11B-20.001(3), F.A.C.

3. Describe business rationale for the purchase and how it was procured.

(A) What is the benefit of the purchase. If there is an ROI, describe the ROI and how calculated. The ROI is anticipated when entering this contract by utilizing the ability to hire Subject Matter Experts to facilitate classrooms for professional and executive development.

The ability to hire Subject Matter Experts who are current in their discipline leads to better outcomes in professional and executive development classes.

(B) How does the purchase support the Strategic Business Plan. This contract directly feeds Strategic Business Plan by providing a best-in-class student experience.

(C) If applicable, what is the rationale for the use of piggybacks, existing contract extensions, bid waivers in lieu of the College conducting a competitive solicitation. A Bid Waiver Exception for Professional Services (Instructional Services) per FLDOE Rule 6A-14.0734 and College Procedure A6Hx2-6.34 was used, where the course is required to be taught by a Criminal Justice Standards and Training Commission Certified General Instructor pursuant to subsection 11B-20.001(3), F.A.C.

(D) If a competitive solicitation process was conducted by the College, describe the process. Not applicable.

This Executive Summary is approved by:

Jeffrey Guild
Vice Provost of Academic Affairs

EXHIBIT "A" to Purchase Order
STATEMENT OF WORK

Description of Services:

Service Provider: Gregg Rossman, P.A.

Address: 6840 Griffin Road, Davie, FL 33314

Service Date(s): July 28 to August 1, 2025 8 am – 5 pm

Agreed Amount of Payment: \$6,200.00

Service Date(s): December 8 to 12, 2025 8 am – 5 pm

Agreed Amount of Payment: \$6,200.00

Service Date(s): February 16 to 20, 2026 8 am – 5 pm

Agreed Amount of Payment: \$6,200.00

Service Date(s): April 27 to May 1, 2026 8 am – 5 pm

Agreed Amount of Payment: \$6,200.00

Total Consideration Payable for the Services **\$ 24,800.00**

The agreed fee includes all travel and other expenses incurred in providing agreed upon services.

Description of Services

Provider agrees to present a 40-hour seminar entitled "Case Preparation and Court Presentation" consistent with Criminal Justice Standards and Training Commission Advanced/Specialized Training Course 020 with a maximum class total of 40 students.

The seminar must satisfy Criminal Justice Standards and Training Commission requirements as specified in Florida Administrative Code 11B-35 and Florida State Statutes Chapter 943.

Terms

The Broward College Institute of Public Safety reserves the right to cancel this course agreement if a minimum of sixteen (16) FDLE Region XIII (Broward County) officers are not enrolled two weeks prior to the scheduled start date of the seminar.

As outlined in Section 8 of the Terms and Conditions "Termination for Convenience", The College may terminate this Purchase Order with or without cause for any time for convenience upon thirty (30) calendar days' prior written notice to the Vendor.

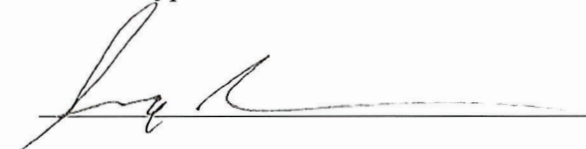
Service Provider/Vendor will:

- Provide CJSTC Certification documentation for all participating Instructors.
- If a participating instructor does not possess active CJSTC Instructor certification, then the Vendor must provide sufficient documentation to satisfy the requirements to complete a CJSTC-82 Form. This documentation must be received by IPS at least 30 days prior to the scheduled seminar. The final determination of issuing the CJSTC-82 Form is at the sole discretion of IPS.
- Provide Test bank of 50 questions per 40-hour seminar based on the CJSTC learning objectives for the end of course exam. Test banks should consist of a variety of question formats (multiple choice, true false, matching, short answer, etc.) that are appropriate for the respective seminar.
- Provide a Lesson Plan, Learning Objectives and Presentation Schedule.
- Provide all required texts and printed learning materials for all enrolled students.
- Ensure the Student Attendance Roster supplied by IPS is completed daily.
- Ensure the Instructor Roster supplied by IPS is completed daily.
- Ensure the seminar satisfies Criminal Justice Standards and Training Commission requirements as specified in Florida Administrative Code 11B-35 and Florida State Statutes Chapter 943.
- Assist in the completion of required CJSTC documentation.

I, Gregg Rossman, accept Broward College's Terms and Conditions in lieu of our own, and I warrant that I have legal power to bind on behalf of Gregg Rossman, P.A.

Gregg Rossman

Printed/Typed Name


Signature

954-440-0908

Phone Number

18 December 2024

Date Signed



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/26/2024

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		CONTACT NAME: Special Unit	
Setnor Byer Insurance & Risk		PHONE (A/C, No, Ext): (954) 382-4350	FAX (A/C, No): (954) 382-2810
900 S. Pine Island Road #300		E-MAIL ADDRESS: certificates@setnorbyer.com	
Plantation FL 33324		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED		INSURER A: CorePointe Insurance Company	10499
Gregg Rossman, P.A.		INSURER B:	
DBA Rossman Legal		INSURER C:	
6840 Griffin Road		INSURER D:	
Davie FL 33314		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2023_0411_Master **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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	PROFESSIONAL LIABILITY CLAIMS MADE RETRO: 04/01/2017			CIC1001713-02	04/01/2023	04/01/2024	EACH CLAIM \$500,000 AGGREGATE \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Per Florida Statute 45 day Notice of Cancellation except in the event of nonpayment of premium, then 10 day notice. All of the above are subject to policy terms, limitations, exclusions and conditions.

CERTIFICATE HOLDER	CANCELLATION
gregg@rossmanlegal.com	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
The District Board of Trustees for Broward College, Florida Risk Management Attention: Risk Management 6400 NW 6 Way Fort Lauderdale, FL 33309	AUTHORIZED REPRESENTATIVE Tracy Brahm/TLK

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EXHIBIT "A" to Purchase Order STATEMENT OF WORK

Description of Services:

Service Provider: Gregg Rossman, P.A.

Address: 6840 Griffin Road, Davie, FL 33314

Service Date(s): October 6 to 10, 2025 8 am – 5 pm

Agreed Amount of Payment: \$6,200.00

Service Date(s): January 26 to 30, 2026 8 am – 5 pm

Agreed Amount of Payment: \$6,200.00

Service Date(s): June 8 to 12, 2026 8 am – 5 pm

Agreed Amount of Payment: \$6,200.00

Total Consideration Payable for the Services \$18,600.00

The agreed fee includes all travel and other expenses incurred in providing agreed upon services.

Description of Services

Provider agrees to present a 40-hour seminar entitled "Criminal Law" consistent with Criminal Justice Standards and Training Commission Advanced/Specialized Training Course 021 with a maximum class total of 40 students.

The seminar must satisfy Criminal Justice Standards and Training Commission requirements as specified in Florida Administrative Code 11B-35 and Florida State Statutes Chapter 943.

Terms

The Broward College Institute of Public Safety reserves the right to cancel this course agreement if a minimum of sixteen (16) FDLE Region XIII (Broward County) officers are not enrolled two weeks prior to the scheduled start date of the seminar.

As outlined in Section 8 of the Terms and Conditions "Termination for Convenience", The



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/26/2024

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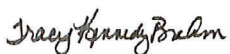
PRODUCER Setnor Byer Insurance & Risk 900 S. Pine Island Road #300 Plantation FL 33324		CONTACT NAME: Special Unit PHONE (A/C, No, Ext): (954) 382-4350 FAX (A/C, No): (954) 382-2810 E-MAIL ADDRESS: certificates@setnorbyer.com	
INSURED Gregg Rossman, P.A. DBA Rossman Legal 6840 Griffin Road Davie FL 33314		INSURER(S) AFFORDING COVERAGE INSURER A: CorePointe Insurance Company NAIC # 10499 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2023_0411 Master **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	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	PROFESSIONAL LIABILITY CLAIMS MADE RETRO: 04/01/2017			CIC1001713-02	04/01/2023	04/01/2024	EACH CLAIM	\$500,000
							AGGREGATE	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
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CERTIFICATE HOLDER gregg@rossmanlegal.com The District Board of Trustees for Broward College, Florida Risk Management Attention: Risk Management 6400 NW 6 Way Fort Lauderdale, FL 33309	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 Tracy Brahm/TLK 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/30/2024

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PRODUCER Risk Transfer Insurance Agency, LLC 47 E. Robinson Street Suite 200 Orlando, FL 32801	CONTACT NAME: Beverly Finkelstein	
	PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: beverly@stafflink.net	
INSURED Stafflink Outsourcing, II, III, IV, V & VI, LLC 1371 Sawgrass Corporate Parkway Sunrise, FL 33323	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A :Service American Indemnity Company	39152
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	

COVERAGES **CERTIFICATE NUMBER:**EVKU3NRS **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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input 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 <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	RT24MWC0120025105	02/01/2024	02/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 \$ \$ \$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage is extended to the leased employees, but not subcontractors, of alternate employer in all states except in monopolistic states (ND, OH, WA, WY) Gregg Rossman, P.A. (Effective 03/01/2020)

CERTIFICATE HOLDER For Informational Purposes Only 6840 Griffin Road Davie, FL 33314	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 