**AGREEMENT**

**THIS IS AN AGREEMENT** (the “Agreement”) entered into on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2014, by and between the City of Dania Beach, Florida, with an address of 100 West Dania Beach Boulevard, Dania Beach, Florida 33004, a municipal corporation (the “City”), and South Broward Hospital District d/b/a Memorial Healthcare System, a Florida corporation (“Memorial”), with an address of 3501 Johnson Street, Hollywood, Florida 33021.

In consideration of the mutual covenants, terms and conditions contained in this Agreement, and other good and valuable consideration, the adequacy and receipt of which are acknowledged and agreed upon, the parties agree as follows:

1. Memorial has generously agreed to donate to the City Twenty-Five Thousand Dollars ($25,000.00) toward the purchase of outdoor exercise equipment for installation at the City Linear Park located west of and adjacent to S.E. 5th Avenue in the City with the stipulation that the equipment be purchased from Greenfields Outdoor Fitness, Inc (the “Company”).
2. The City of Dania Beach wishes to accept the generous gift and express its gratitude to Memorial, and agrees to purchase the equipment from the Company.
3. The City Parks and Recreation Department Director has identified an area within the S.E. 5th Avenue Linear Park where the outdoor exercise equipment will be installed.

**IN WITNESS OF THE FOREGOING**, the parties have set their hand and seal the day and year first above written.

**CITY:**

**ATTEST:** **CITY OF DANIA BEACH, FLORIDA,**

**a Florida municipal Corporation**

LOUISE STILSON, CMC ROBERT BALDWIN

CITY CLERK CITY MANAGER

APPROVED FOR FORM AND CORRECTNESS:

THOMAS J. ANSBRO

CITY ATTORNEY

**MEMORIAL:**

**WITNESSES:** **SOUTH BROWARD HOSPIRL DISTRICT D/B/A MEMORIAL HEALTHCARE SYSTEM, a Florida corporation**

Signature Signature

**PRINT** Name **PRINT** Name

Signature Title

**PRINT** Name

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2014, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of South Broward Hospital District d/b/a Memorial Healthcare System, a Florida corporation, on behalf of the corporation. He/she is personally known to me or produced \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as identification and did (did not) take an oath.

NOTARY PUBLIC

My Commission Expires: State of Florida