



BROWARD COUNTY CULTURAL DIVISION GRANT AWARD AGREEMENT

This Broward County Cultural Division Grant Award Agreement (“Grant Agreement”) is made and entered into by and between Broward County, a political subdivision of the State of Florida (“County”) and Museum of Discovery and Science, Inc., a nonprofit Florida corporation, (“Recipient”). County and Recipient are individually referred to as a “Party” and collectively as the “Parties”.

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

1. Recipient has been awarded the following Broward County Cultural Division Grant (“Grant Award”) in accordance with the Broward County Administrative Code (“Administrative Code”) or as otherwise authorized by the Board of County Commissioners (the “Grant Program”):

- General Operating Support
- Program Support (organizational or individual artist)
- Cultural and Artistic Facilities Capital Support
- Other: _____

2. Grant Award Terms and Conditions. By signing this Grant Agreement, Recipient represents that it has read County’s Standard Grant Program Terms and Conditions (“Grant Program Terms”), templates of the “Project Evaluation Report” any other required reports for the Grant Program (“Required Reports”), and the initial list of required documentation (all of which are posted at <https://bit.ly/3Di6Loy> , along with any additional guidelines for Recipient’s specific Grant Program identified in the Grant Award Details (“Grant Guidelines”). All of the materials referenced in this paragraph are incorporated into this Grant Agreement.

3. Term. This Grant Agreement begins on the date it is fully executed by the Parties (“Effective Date”) and ends sixty (60) days after the end of the Grant Award Period (the “Term”).

4. Insurance (Check as Applicable). If Recipient is required to maintain certain insurance (see Grant Award Details below), the certificate showing the minimum required insurance coverage is attached as Exhibit “A” and incorporated herein. If neither box is checked, there are no Recipient insurance requirements for this Grant Agreement.

5. Grant Award. Subject to the Grant Program Terms and compliance with all requirements identified in paragraph 2 above, Recipient’s receipt of the Grant Award is conditioned upon compliance with the provisions stated in the Grant Award Details below.

GRANT AWARD DETAILS

| All Grant Awards | |
|--|---|
| County Internal Grant Award Number | GOS3-04-2022 |
| Grant Award Period | October 1, 2021, to September 30, 2022 |
| Grant Award Amount | \$306,500 |
| Grant Award Match Requirement (if any) | N/A |
| Is any portion of the Grant Award funded with Tourist Development Tax? | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if Yes, identify amount): \$224,000 |
| Grant Award Payment Schedule (subject to advance payment limits stated in the Administrative Code) | Grant Award payment to be made on or before December 31, 2021. |
| Grant Guidelines incorporated into this Grant Agreement are posted at: | https://www.broward.org/Arts/Funding/Pages/GeneralOperatingSupport.aspx |
| Venue Name and Address | Museum of Discovery and Science 401 SW Second Street Fort Lauderdale, Florida 33312. |
| Required County Personnel/Cultural Council member tickets to be provided as part of Recipient's Project Compliance (if applicable) | Four (4) tickets for admission to each exhibition or program during the Grant Award Period, provided by Recipient to the Cultural Division no less than fourteen (14) days before the start of the Grant Award Period. |
| Recipient Insurance Requirement (check if required). | <input checked="" type="checkbox"/> REQUIRED (if checked, Recipient insurance requirements are described in the Grant Program Terms, with the types and amounts of insurance shown on Exhibit A to this Grant Agreement) |
| General Operating Support Grants Only | |
| General Recipient Description | As more fully described in the Grant Application, Recipient shall operate an accredited (American Alliance of Museums) museum facility and IMAX Theatre open to the members of the general public and operates daily (normally hundred and sixty-three (363) days of the year and 10 a.m. to 5 p.m. Monday through Saturday and 12 noon to 6 p.m. on Sunday). |
| Program Support Grants Only | |
| Event/Program Title(s) | N/A |
| Event Date(s) Exhibitions: | N/A |

| Cultural and Artistic Facilities Capital Support Grants Only | |
|---|-----|
| Facility Location | N/A |
| N/A | |
| ADDITIONAL SPECIAL GRANT AWARD TERMS (if any) All Grant Awards | |
| N/A | |

(Remainder of Page Left Intentionally Blank)

IN WITNESS WHEREOF, the Parties have made and executed this Broward County Cultural Division Grant Award Agreement GOS3-04-2022: Broward County, signing by and through its County Administrator, authorized to execute same pursuant to Board action on the ____ day of _____, 2021, and Recipient, by and through the signatory identified on the following page, duly authorized to execute same.

COUNTY

WITNESS:

BROWARD COUNTY, by and through
its County Administrator

(Signature)

By: _____
Bertha Henry, County Administrator

(Print Name of Witness)

_____ day of _____, 2021

(Signature)

(Print Name of Witness)

Approved as to form by
Andrew J. Meyers
Broward County Attorney
Governmental Center, Suite 423
115 South Andrews Avenue
Fort Lauderdale, Florida 33301
Telephone: (954) 357-7600
Telecopier: (954) 357-7641

DocuSigned by:
Sara F. Cohen 9/28/2021
By: _____
Sara F. Cohen (Date)
Assistant County Attorney

DocuSigned by:
Nathaniel A. Klitsberg 9/28/2021
By: _____
Nathaniel A. Klitsberg (Date)
Senior Assistant County Attorney

BROWARD COUNTY CULTURAL DIVISION GRANT AWARD AGREEMENT

RECIPIENT

WITNESSES:

Entity Name: Museum of Discovery and Science, Inc.

DocuSigned by:
Meredith Ray Feder
E37A4DE7FE7D433...

DocuSigned by:
Joseph Cox
B8560206D6E54ED...

(Signature)

(Authorized Signor)

Meredith Ray Feder

Joseph Cox

President/ CEO

(Print Name of Witness)

(Print name and title of
Authorized Signor for Recipient above)

DocuSigned by:
Hilary Winiger
E5272EE4299144F...

9/24/2021

(Signature)

_____ day of _____, 2021

Hilary Winiger

(Print Name of Witness)

ATTEST:


Corporate Secretary or other
authorized person
(Corporate seal)

RECIPIENT ADDRESS AND EMAIL
(for notice purposes as provided in the
Grant Award Terms)

Museum of Discovery and Science, Inc.
Attn: Joseph Cox
President and CEO
401 SW Second Street
Fort Lauderdale, FL 33312
Email address: joseph.cox@mods.net

EXHIBIT A
INSURANCE REQUIREMENTS

Project: General Operating Support: Museum of Discovery and Science, Inc. GOS3-04-2022
Agency: Cultural Division

| TYPE OF INSURANCE | ADDL INSD | SUBR WVD | MINIMUM LIABILITY LIMITS | | |
|--|-------------------------------------|-------------|---|-------------------------------------|------------------------|
| | | | | Each Occurrence | Aggregate |
| GENERAL LIABILITY - Broad form <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Premises-Operations <input type="checkbox"/> XCU Explosion/Collapse/Underground <input checked="" type="checkbox"/> Products/Completed Operations Hazard <input checked="" type="checkbox"/> Contractual Insurance <input checked="" type="checkbox"/> Broad Form Property Damage <input type="checkbox"/> Independent Contractors <input checked="" type="checkbox"/> Personal and Advertising Injury <input type="checkbox"/> Liquor Liability <input checked="" type="checkbox"/> Child Molestation Coverage Per Occurrence or Claims-Made: <input checked="" type="checkbox"/> Per Occurrence <input type="checkbox"/> Claims-Made Gen'l Aggregate Limit Applies per: <input type="checkbox"/> Project <input type="checkbox"/> Policy <input type="checkbox"/> Loc. <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> | | Bodily Injury | | |
| | | | Property Damage | | |
| | | | Combined Bodily Injury and Property Damage | \$500,000 | \$500,000 |
| | | | Personal Injury | | |
| | | | Products & Completed Operations | | |
| | | | | | |
| | | | | | |
| AUTO LIABILITY <input checked="" type="checkbox"/> Comprehensive Form <input checked="" type="checkbox"/> Owned <input checked="" type="checkbox"/> Hired <input checked="" type="checkbox"/> Non-owned <input checked="" type="checkbox"/> Any Auto, If applicable <i>Note: May be waived if no driving will be done in performance of services/project.</i> | | | Bodily Injury (each person) | | |
| | | | Bodily Injury (each accident) | | |
| | | | Property Damage | | |
| | | | Combined Bodily Injury and Property Damage | \$500,000 | |
| <input type="checkbox"/> EXCESS LIABILITY / UMBRELLA Per Occurrence or Claims-Made: <input type="checkbox"/> Per Occurrence <input type="checkbox"/> Claims-Made <i>Note: May be used to supplement minimum liability coverage requirements.</i> | | | | | |
| <input checked="" type="checkbox"/> WORKER'S COMPENSATION <i>Note: U.S. Longshoremen & Harbor Workers' Act & Jones Act is required for any activities on or about navigable water.</i> | N/A | | Each Accident | STATUTORY LIMITS | |
| <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY | | | Each Accident | \$100,000 | |
| <input type="checkbox"/> PROFESSIONAL LIABILITY (ERRORS & OMISSIONS) | N/A | | If claims-made form: | | |
| | | | *Maximum Deductible: | | |
| <input type="checkbox"/> Installation floater is required if Builder's Risk or Property are not carried. <i>Note: Coverage must be "All Risk", Completed Value.</i> | | | *Maximum Deductible (Wind and/or Flood): | Not to exceed 5% of completed value | Completed Value |
| | | | *Maximum Deductible: | \$10 k | |
| Description of Operations: "Broward County" shall be listed as Certificate Holder and endorsed as an additional insured for liability, except as to Professional Liability. County shall be provided 30 days written notice of cancellation, 10 days' notice of cancellation for non-payment. Contractors insurance shall provide primary coverage and shall not require contribution from the County, self-insurance or otherwise. Any self-insured retention (SIR) higher than the amount permitted in this Agreement must be declared to and approved by County and may require proof of financial ability to meet losses. Contractor is responsible for all coverage deductibles unless otherwise specified in the agreement. | | | | | |
| CERTIFICATE HOLDER: Broward County 115 South Andrews Avenue Fort Lauderdale, Florida 33301 | | |  Digitally signed by COLLEEN A. POUNALL Date: 2021.09.09 09:53:38 -04'00' Risk Management Division | | |