BROWARD COUNTY UNIT OF SERVICE FUNDING AGREEMENT
Agreement # 26-HOSS-HIP-7651-01

This Unit of Service Funding Agreement ("Funding Agreement") is between Broward County, a political subdivision of the State of Florida ("County"), and Provider as identified herein (each a "Party" and collectively referred to as the "Parties").

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

1. Standard Terms and Conditions; Exhibits. By signing this Funding Agreement, Provider agrees to abide by the Standard Terms and Conditions for Broward County Unit of Service Funding Agreements ("Standard Terms") and the current Provider Handbook, which are located at: https://www.broward.org/CommunityPartnerships/Pages/Default.aspx. The Standard Terms set forth the terms and conditions for this Funding Agreement and are expressly incorporated herein. The Standard Terms and/or Provider Handbook may be changed by County from time to time and, upon County giving notice to Provider of such changes, the modified Standard Terms and/or Provider Handbook (which changes must not materially increase Provider's contractual obligations) will be binding on Provider. The exhibits to this Funding Agreement are incorporated herein.

2. Provider Information. Provider represents the following is true and accurate as of the date of this Funding Agreement:

Provider's full legal name:	**HOPE SOUTH FLORIDA, INC.**
Type of entity:	An active Florida nonprofit corporation
Name of Representative:	Joseph Kenner, President
Official Payee:	HOPE South Florida, Inc. 1100 North Andrews Avenue Fort Lauderdale, Florida 33311 954-566-2311 admin@hopesouthflorida.org
Notice information (if different from above; if blank, same as above):	

3. County Information.

Administering Division:	Housing Options, Solutions, and Supports Division
Notice information and Custodian of Public Records:	Director, Housing Options, Solutions, and Supports Division 115 S. Andrews Avenue, Suite A-370 Fort Lauderdale, Florida 33301 954-357-5686 ppaldino@broward.org

Exhibit A
Agreement Specifications

Funding Agreement #: 26-HOSS-HIP-7651-01

1. Term. The Initial Term, Option Period(s), and any additional extension.

Period	First Day of Period	Last Day of Period
Initial Term	Upon execution	September 30, 2026
Option Period 1 (if exercised)	October 1, 2026	September 30, 2027
Option Period 2 (if exercised)	October 1, 2027	September 30, 2028

2. Funding Information.

RFP/RLI/RFA Date	July 21, 2025
RFP/RLI/RFA Published Title	Fiscal Year 2026 General Funds – Safe Parking Request for Proposals Information Package and Application
Catalog of Federal Domestic Assistance Number (CFDA)	If applicable: N/A
Federal Award Identification Number (FAIN)	If applicable: N/A
Catalog of State Financial Assistance (CSFA)	If applicable: N/A
Other Third-party Funding Entity (if any)	☒ None ☐ Yes

3. Maximum Funding.

Period	Maximum Not-to-Exceed Funding Amount
Initial Term	$350,000
Option Period 1 (if exercised)	$350,000
Option Period 2 (if exercised)	$350,000
Extension Period	Amount appropriated by the Board for Provider's Services for the Extension Period.

4. Co-pay; Match.

Client Co-pay:	☐ Required	☒ Not required
Provider Match:	☒ Required	☐ Not required

5. Insurance. If "Required" box is checked, the applicable requirements are listed in Exhibit D.

Commercial or General Liability:	☒ Required	☐ Waived
Business Automobile Liability:	☒ Required	☐ Waived
Professional Liability:	☒ Required	☐ Waived
Workers' Compensation & Employer's Liability:	☒ Required	☐ Waived
Other: N/A	☐ Required	

Exhibit B-1
Certification of Empowerment

Funding Agreement #: 26-HOSS-HIP-7651-01

_____

(Name and Title Typewritten or Clearly Printed)

_____

(Name and Title Typewritten or Clearly Printed)

is/are duly authorized to sign on behalf of HOPE South Florida, Inc. ("Provider"), this Funding Agreement (including amendments or Contract Adjustments thereto) between County and Provider. The signature of the above-named person(s) binds Provider to the terms and conditions of this Funding Agreement and the Standard Terms, as amended.

This authorization is conferred upon the person(s) listed above in accordance with *(enter the authorizing body, legislation, regulation, code, or equivalent, including the date of such authorization,* ***and provide a copy of supporting documentation, such as Board of Directors' meeting minutes, the authorizing statute, etc., for the Contract Manager's review and files****)*:

_____

_____

_____

_____

_____

Appearing below is a sample of the signature(s) of the authorized representative(s).

_____	_____
Authorized Representative	Authorized Representative
_____	_____
Date	Date

Exhibit B-2
Authorized Invoice Signatures

Funding Agreement #: 26-HOSS-HIP-7651-01

The following individuals are authorized to sign monthly invoices and certification statements on behalf of HOPE South Florida, Inc. ("Provider"), as required by this Funding Agreement between County and Provider:

_____
(Name and Title Typewritten or Clearly Printed)

_____
(Name and Title Typewritten or Clearly Printed)

_____
(Name and Title Typewritten or Clearly Printed)

This authorization is conferred upon the individuals listed above in accordance with *(enter the authorizing body, legislation, regulation, code, or equivalent, including the date of such authorization,* ***and provide a copy of supporting documentation, such as Board of Directors' meeting minutes, the authorizing statute, etc., for the Contract Manager's review and files****)*:

_____

_____

_____

Appearing below are samples of the authorized signatures.

_____
Authorized Signature Date

_____
Authorized Signature Date

_____
Authorized Signature Date

Exhibit C
Scope of Services

Funding Agreement #: 26-HOSS-HIP-7651-01
Provider: HOPE South Florida, Inc.
Program: Homeless Family Safe Parking
Program #: 1

I. Scope of Services:

A. Program Description: As described in Chapter II of the Fiscal Year 2026 General Funds – Safe Parking Request for Proposals Information Package and Application.

B. Population of Focus: Families who meet all the eligibility criteria listed below ("Clients").

1. Eligibility Criteria: To be eligible to receive services under this program, a family must meet all the following criteria:

a. Be living in Broward County;

b. Must be a family with at least one minor child;

c. Must not include an individual subject to sexual offender registration;

d. Be experiencing homelessness as described under the "Homeless" definition in 24 C.F.R. § 578.3, subsection (1) or (4);

e. One family member must possess a valid Florida driver's license;

f. Vehicle in which the family will reside must have a valid State of Florida registration;

g. Vehicle in which the family will reside must be insured as required by Florida law;

h. Vehicle in which the family will reside must be operable and must have one seat per family member; and

i. Family must have car seat(s) as required by Applicable Law.

2. Documentation of Eligibility: Provider must screen all prospective Clients for the following:

a. Verification of living in Broward County;

b. Verification of age;

c. Verification that the family does not include an individual that is subject to sexual offender registration;

d. Verification of homelessness from Provider or another third party, such as an outreach provider, other emergency shelters, or an intake worker's documented observations. Verification of homelessness may also be obtained from prior records in the Homeless Management Information System ("HMIS");

e. Verification of a valid Florida driver's license for at least one member of the family;

f. Verification of valid vehicle registration with the State of Florida;

g. Verification of vehicle insurance that meets the State of Florida minimum requirements;

h. Confirmation that the vehicle is operable and has one seat per family member; and

i. Confirmation that the vehicle contains car seat(s) as required by Applicable Law.

C. A minimum of 240 unduplicated Clients must be provided services under this program annually.

D. Standards and Other Requirements:

1. Provider must register staff to receive alerts regarding revisions to the Provider Handbook and related documents through AccessBROWARD: https://access.broward.org/About.aspx.

2. Provider must provide services under this program to Clients seven (7) days a week from 6:00 p.m. to 8:00 a.m., three hundred sixty-five (365) days a year at the location(s) identified in Exhibit C, Section I.G (Locations, Telephone, Days, and Hours of Operation) below.

3. Provider must ensure that shower facilities, security, including a locking mechanism for the site, sanitation and trash pickup, access to potable water, food, and other amenities are available seven (7) days a week from 6:00 p.m. to 8:00 a.m. daily.

4. Provider must obtain prior written approval from the Director of County's Housing Options, Solutions, and Supports Division prior to moving the services under this program to a new location.

5. Provider must offer supportive services to Clients on site at the safe parking location(s) from 6:00 p.m. to 10:00 p.m. at least five (5) days a week.

6. Provider must ensure that safe parking location(s) are monitored by licensed security personnel seven (7) days a week from 6:00 p.m. to 8:00 a.m. daily.

7. Eligibility Verification, Client Intake, and Assessment of Client Needs.

a. Provider must adhere to the requirements of the coordinated entry process as established by the Continuum of Care. Before providing services to a prospective Client, Provider must ensure that the Client has been referred through the Broward County Human Services Department's Coordinated Entry and Assessment System.

b. Provider must include all supporting documentation regarding program eligibility in a Client's file or HMIS within three (3) calendar days after the Client's eligibility determination.

c. Provider must obtain express and informed consent for services and a signed Release of Information from each prospective Client before providing them the services under this program.

d. Provider must engage Clients in an intake/orientation session regarding services provided and include Client rights, grievance procedures, expectations of Client engagement and attendance, and discharge criteria. Provider must complete the intake/orientation session and document it in the Client's file or HMIS within three (3) calendar days after accepting Client referral.

e. Provider must ensure that each Client completes or has an up-to-date assessment on file, which must be in the form approved by the Broward County Homeless Continuum of Care (HCoC).

8. Service Plan, Review, and Case Closure.

   a. Provider must work with each Client who uses safe parking services for three (3) consecutive nights to develop a detailed individualized service plan based on Client needs identified in the intake assessment. The plan must be jointly developed by Client and Provider, reviewed and signed by Client and Provider's case manager, and documented in the Client's file within ten (10) calendar days after admission.

   b. Provider must ensure that Clients participate in the program all seven (7) nights of the week. Any Client absences must be preapproved by Provider.

   c. Provider must conduct a formal review of each Client's service plan and eligibility for services under this program at least every three (3) months. The service plan may be reviewed more than once every three (3) months when/if significant changes occur. Plan review must be completed and signed by Provider's case manager and Client and must be documented in the Client's file within three (3) calendar days after completion of the review.

   d. Provider must complete a case closure note within thirty (30) calendar days after a Client accomplishes individualized housing plan goals or within ninety (90) calendar days after a Client has transitioned out of the services under this program.

9. Provider must document communications with or on behalf of a Client in the Client's file within three (3) calendar days after the communication and must include the date, length of time spent with Client, person(s) included in the encounter, and summary of communication.

10. Provider's case manager must evaluate each Client's progress on an ongoing basis. The evaluation will determine if there is a need for a reassessment and development of new service linkages or referrals, or other dispositions as indicated. Provider must document each evaluation in the Client's file within three (3) calendar days after the evaluation.

11. Provider must train its case management staff in: (a) the models or systems of Motivational Interviewing (MI) and Supplemental Security Income/Social Security Disability Income (SSI/SSDI), Outreach, Access, and Recovery (SOAR); and (b) Provider's designated case management model within three (3) months after hire.

12. Provider must submit to County a quarterly report ("Quarterly Report") that includes the following:
    a. HMIS report indicating number of Clients served during the quarter;
    b. Client sign-in sheets;
    c. HMIS report and/or Client file data indicating status of each Client's service plan;
    d. Absent Without Leave (AWOL) rates, average length of stay, demographics, exit data, barriers, anecdotal information, and other data as deemed beneficial.
13. Provider must provide evidence to the Contract Manager that Provider has the legal authority to use the location(s) where the services under this program are offered.
14. Provider must ensure that both the services and the location where they are offered comply with all applicable local zoning regulations.

E. Provider must provide the following services:
    1. Homeless Safe Parking (BH-1800.8500-330)
    2. Client Incidentals (NT-01)
    3. Administrative Services (TD-0350)

    The Cost per Unit of Service, Required Staff Credentials/Licensure, and Unit Definitions are set forth in the Taxonomy Definitions & Credentials outlined in the Provider Handbook.

F. Subcontracting: ☐ Prohibited ☒ Allowed: The services that may be subcontracted are limited to essential amenities, including licensed security services, under Homeless Safe Parking, not to exceed $138,348 annually.

G. Locations, Telephone, Days, and Hours of Operation:

Location Name	Address	Telephone Number	Days and Hours of Operation
Mount Olivet Seventh Day Adventist Church	649 NW 15th Way, Fort Lauderdale, FL 33311	954-566-2311	Seven (7) days a week, 6:00 p.m. to 8:00 a.m.

II. Outcomes/Indicators: There are no outcomes for this pilot program.

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Exhibit D
Required Reports and Submission Dates

Report	Due Date/Frequency	# Copies
Equal Employment Opportunity Policy	Due prior to execution of the Funding Agreement and upon revision by Provider	1 copy
Americans with Disabilities Act Policy		1 copy
Nondiscrimination Policy, if applicable		1 copy
CBE Policy, if applicable		1 copy
Certificate of Insurance/Self-insured Verification		1 copy
Proof of site control for the location(s) where services will be offered		1 copy
Proof of compliance with local zoning requirements		1 copy
County's Federal Funding Accountability and Transparency Act (FFATA) Data Collection Form, if applicable	Due within ten (10) days after execution of the Funding Agreement and in accordance with Section 16.5.3 of the Standard Terms	1 copy
Continuity Plan (formerly, Continuity of Operations Plan or COOP)	Due upon execution and annually on April 15th	1 copy
Proof of contract for licensed security guard service for the location(s) where services will be offered	Due upon execution of the Funding Agreement and annually on October 1st	1 copy
Line-item Budget	Due upon execution and with the submission of the annual final invoice on October 10th	1 copy
Invoice and supporting documentation	On or before the 10th day of each month Invoices are either emailed to hossinvoices@broward.org with a copy to the Contract Manager or mailed to: Housing Options, Solutions, and Supports Division 115 S. Andrews Avenue, Suite A-370 Fort Lauderdale, Florida 33301	1 copy
Quarterly Report	Due quarterly (specifically, on January 10th, April 10th, July 10th, and October 10th)	1 copy
Current Certificate of Insurance	Due prior to expiration; submit to Repository with a copy to Contract Manager	1 copy
Audited Financial Statements	Due within 180 days after the close of Provider's fiscal year end; submit to Repository and copy to Contract Manager	1 copy
State Financial Assistance Reporting Package, if applicable		1 copy
Monitoring and/or Accreditation Reports from other agencies or funding sources	Due within 30 days after receipt	1 copy
Incident Reports	Due upon request and in accordance with the Provider Handbook	1 copy
Organizational Profile	Due upon request – Send directly to First Call for Help of Broward, Inc. d/b/a 2-1-1 Broward	1 copy

Note: Failure to submit the foregoing reports on or before the due date will result in the suspension of any payments due by County to Provider.

IN WITNESS WHEREOF, the Parties hereto have made and executed this Funding Agreement: Broward County, through its Board of County Commissioners, signing by and through its County Administrator, authorized to execute same by Board action on the 13th day of November 2025, and Provider, signing by and through its duly authorized representative.

COUNTY

Broward County, by and through its
County Administrator

By: _____
Monica Cepero, County Administrator

_____ day of _____, 20____

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

By: _____
Angela M. Rodríguez (Date)
Assistant County Attorney

AMR
HSF 26-HOSS-HIP-7651-01
10/28/2025
#60070

BROWARD COUNTY UNIT OF SERVICE FUNDING AGREEMENT
Agreement #26-HOSS-HIP-7651-01

Note: Only persons authorized to sign this contract on behalf of Provider may sign below. Provider must show proof of empowerment for the person signing on behalf of Provider as required by Exhibit B-1.

PROVIDER

HOPE South Florida, Inc.

By: _____
Authorized Representative

_____
Print/Type Name and Title

_____ day of _____, 20___