BROWARD COUNTY UNIT OF SERVICE FUNDING AGREEMENT
Agreement # 25-HOSS-HIP-2793-01

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:	**MIAMI RESCUE MISSION, INC., D/B/A BROWARD OUTREACH CENTER**
Type of entity:	An active Florida nonprofit corporation
Name of Representative:	Antonio Villasuso, President
Official Payee:	Miami Rescue Mission, Inc. 3553 N.W. 50th Street Miami, Florida 33142 305-571-2232 avillasuso@caringplace.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

Docusign Envelope ID: 914BD5F9-7D39-400B-A876-4B477A38686E

Exhibit A
Agreement Specifications

Funding Agreement #: 25-HOSS-HIP-2793-01

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 of this Funding Agreement	September 30, 2025
Option Period 1 (if exercised)	October 1, 2025	September 30, 2026
Option Period 2 (if exercised)	October 1, 2026	September 30, 2027

2. Funding Information.

RFP/RLI/RFA Date	March 5, 2025, through March 14, 2025
RFP/RLI/RFA Published Title	Single Source Determination; Bid # OPN2129926F2 – Request for Information: Low Barrier Emergency Shelters
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	$160,000
Option Period 1 (if exercised)	$394,000
Option Period 2 (if exercised)	$394,000
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 because of program overhead.

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	

Docusign Envelope ID: 914BD5F9-7D39-400B-A876-4B477A38686E

Exhibit B-1
Certification of Empowerment

Funding Agreement #: 25-HOSS-HIP-2793-01

ntonio Villasuso resident

(Name and Title Typewritten or Clearly Printed)

(Name and Title Typewritten or Clearly Printed)

is/are duly authorized to sign on behalf of Miami Rescue Mission, Inc., d/b/a Broward Outreach Center ("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).

Antonio Villasuso

Authorized Representative

Authorized Representative

5/15/2025 | 1:40:48 PM PDT

Date

Date

Docusign Envelope ID: 914BD5F9-7D39-400B-A876-4B477A38686E

Exhibit B-2
Authorized Invoice Signatures

Funding Agreement #: 25-HOSS-HIP-2793-01

The following individuals are authorized to sign monthly invoices and certification statements on behalf of Miami Rescue Mission, Inc., d/b/a Broward Outreach Center ("Provider"), as required by this Funding Agreement between County and Provider:

ntonio Villasuso resident

(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.

Antonio Villasuso 5/15/2025 | 1:40:48 PM PDT

Authorized Signature Date

Authorized Signature Date

Authorized Signature Date

Docusign Envelope ID: 914BD5F9-7D39-400B-A876-4B477A38686E

Exhibit C
Scope of Services

Funding Agreement #: 25-HOSS-HIP-2793-01
Provider: Miami Rescue Mission, Inc., d/b/a Broward Outreach Center
Program: Low-demand Emergency Shelter
Program #: 1

I. Scope of Services:

A. Program Description: Provider must operate a low-barrier emergency shelter providing a safe and decent temporary or transitional place to sleep for individuals experiencing homelessness in Broward County.

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

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

a. Be living in Broward County;

b. Individual or head of household must be 18 years of age or older; and

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

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

a. Verification of living in Broward County;

b. Verification of age; and

c. 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").

C. A minimum of 18 unduplicated Clients must be provided services under this program for the Initial Term, and a minimum of 72 unduplicated Clients must be provided services under this program annually thereafter.

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 offer eighteen (18) targeted, low-demand emergency shelter beds on a daily basis to reduce the number of unsheltered individuals and families experiencing homelessness.

3. Provider must not deny services to Clients because of lack of income, apparent unwillingness to participate in additional offered services, apparent unwillingness to obtain employment, or lack of sobriety.
4. Provider must comply with all dietary and public health department regulatory standards governing preparation, provision, storage, and service of food safety and sanitation.

E. Provider must provide the following services:

1. Emergency Shelter Low Demand (BH-1800)
2. At Risk/Homeless Housing Related Assistance Programs/Support Services (BH-0500)
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 N/A, not to exceed $N/A annually.

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

Location Name	Address	Telephone Number	Days and Hours of Operation
Miami Rescue Mission, Inc., d/b/a Broward Outreach Center	2056 Scott Street Hollywood, Florida 33020	954-926-7417	Seven (7) days a week, 24 hours a day

[Remainder of Page Intentionally Left Blank]

II. Outcomes/Indicators:

Outcomes	Outcome Indicators	Data Source (Where the data used to complete the quarterly report is found, verified, and kept)	Data Collection Method (Who collects data, when, how; special calculation instructions, if needed)
Clients who desire permanent housing must be referred to County's Coordinated Entry and Assessment ("CEA") unit within 90 days after Client's entry into the shelter.	50% of Clients will be referred to CEA within 90 days after Client's entry into the shelter.	HMIS Report	Provider maintains records regarding Clients' housing referral, compiles the data, and reports to County quarterly. **Calculation**: Number of referrals processed through CEA during the quarter under review/Total number of Clients served during the quarter under review
Clients exit to a permanent living situation.	25% of Clients will exit the shelter to a permanent living situation.	HMIS Report	Provider maintains records regarding Clients' housing status, compiles the data, and reports to County quarterly. **Calculation**: Number of Clients who exit to a permanent living situation during the quarter under review/Total number of Clients who exit the shelter during the quarter under review
Clients maintain or increase income.	25% of Clients maintain or increase their total income (from all sources).	HMIS Report	Provider maintains records regarding Clients' income, compiles the data, and reports to County quarterly. **Calculation**: Number of Clients with active entries in HMIS who maintain or increase income (from all sources) during the quarter being measured/Total number of Clients with active entries in HMIS during the quarter being measured

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
Affirmative Action Plan, if applicable		1 copy
CBE Policy, if applicable		1 copy
Certificate of Insurance/Self-insured Verification		1 copy
County's Federal Funding Accountability and Transparency Act (FFATA) Data Collection Form, if applicable	Due within 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
Line-Item Budget	Due upon execution and with the submission of the annual final invoice on October 10th	1 copy
Invoice and supporting documentation	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 Demographic/Performance 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 Mayor or Vice-Mayor, authorized to execute same by Board action on the 10th day of June 2025, and Provider, signing by and through its duly authorized representative.

COUNTY

ATTEST:

By: _____
Broward County Administrator, as
ex officio Clerk of the Broward County
Board of County Commissioners

Broward County, by and through its
Board of County Commissioners

By: _____
Mayor

_____ day of _____, 2025

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. Rodriguez Digitally signed by Angela M. Rodriguez Date: 2025.05.16 12:54:43 -04'00'
Angela M. Rodríguez (Date)
Assistant County Attorney

By: Karen S. Gordon Digitally signed by Karen S. Gordon Date: 2025.05.19 12:55:15 -04'00'
Karen S. Gordon (Date)
Senior Assistant County Attorney

AMR/bh
MRM-25-HOSS-HIP-2793-01
05/14/2025
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BROWARD COUNTY UNIT OF SERVICE FUNDING AGREEMENT
Agreement #25-HOSS-HIP-2793-01

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

Miami Rescue Mission, Inc., d/b/a Broward Outreach Center

By: Antonio Villasuso
Authorized Representative

ntonio Villasuso resident
Print/Type Name and Title above

5/15/2025 | 1:40:48 PM PDT
_____ day of _____, 2025

Docusign Envelope ID: 914BD5F9-7D39-400B-A876-4B477A38686E

BROWARD COUNTY UNIT OF SERVICE FUNDING AGREEMENT
Agreement # 25-HOSS-HIP-2793-01

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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:	**MIAMI RESCUE MISSION, INC., D/B/A BROWARD OUTREACH CENTER**
Type of entity:	An active Florida nonprofit corporation
Name of Representative:	Antonio Villasuso, President
Official Payee:	Miami Rescue Mission, Inc. 3553 N.W. 50th Street Miami, Florida 33142 305-571-2232 avillasuso@caringplace.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 #: 25-HOSS-HIP-2793-01

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 of this Funding Agreement	September 30, 2025
Option Period 1 (if exercised)	October 1, 2025	September 30, 2026
Option Period 2 (if exercised)	October 1, 2026	September 30, 2027

2. Funding Information.

RFP/RLI/RFA Date	March 5, 2025, through March 14, 2025
RFP/RLI/RFA Published Title	Single Source Determination; Bid # OPN2129926F2 – Request for Information: Low Barrier Emergency Shelters
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	$160,000
Option Period 1 (if exercised)	$394,000
Option Period 2 (if exercised)	$394,000
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 because of program overhead.

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	

Docusign Envelope ID: 914BD5F9-7D39-400B-A876-4B477A38686E

Exhibit B-1
Certification of Empowerment

Funding Agreement #: 25-HOSS-HIP-2793-01

ntonio Villasuso resident

(Name and Title Typewritten or Clearly Printed)

(Name and Title Typewritten or Clearly Printed)

is/are duly authorized to sign on behalf of Miami Rescue Mission, Inc., d/b/a Broward Outreach Center ("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).

Antonio Villasuso

Authorized Representative

Authorized Representative

5/15/2025 | 1:40:48 PM PDT

Date

Date

Docusign Envelope ID: 914BD5F9-7D39-400B-A876-4B477A38686E

Exhibit B-2
Authorized Invoice Signatures

Funding Agreement #: 25-HOSS-HIP-2793-01

The following individuals are authorized to sign monthly invoices and certification statements on behalf of Miami Rescue Mission, Inc., d/b/a Broward Outreach Center ("Provider"), as required by this Funding Agreement between County and Provider:

ntonio Villasuso resident

(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.

Antonio Villasuso 5/15/2025 | 1:40:48 PM PDT

Authorized Signature Date

Authorized Signature Date

Authorized Signature Date

Docusign Envelope ID: 914BD5F9-7D39-400B-A876-4B477A38686E

Exhibit C
Scope of Services

Funding Agreement #: 25-HOSS-HIP-2793-01
Provider: Miami Rescue Mission, Inc., d/b/a Broward Outreach Center
Program: Low-demand Emergency Shelter
Program #: 1

I. Scope of Services:

A. Program Description: Provider must operate a low-barrier emergency shelter providing a safe and decent temporary or transitional place to sleep for individuals experiencing homelessness in Broward County.

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

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

a. Be living in Broward County;

b. Individual or head of household must be 18 years of age or older; and

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

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

a. Verification of living in Broward County;

b. Verification of age; and

c. 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").

C. A minimum of 18 unduplicated Clients must be provided services under this program for the Initial Term, and a minimum of 72 unduplicated Clients must be provided services under this program annually thereafter.

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 offer eighteen (18) targeted, low-demand emergency shelter beds on a daily basis to reduce the number of unsheltered individuals and families experiencing homelessness.

3. Provider must not deny services to Clients because of lack of income, apparent unwillingness to participate in additional offered services, apparent unwillingness to obtain employment, or lack of sobriety.
4. Provider must comply with all dietary and public health department regulatory standards governing preparation, provision, storage, and service of food safety and sanitation.

E. Provider must provide the following services:

1. Emergency Shelter Low Demand (BH-1800)
2. At Risk/Homeless Housing Related Assistance Programs/Support Services (BH-0500)
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 N/A, not to exceed $N/A annually.

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

Location Name	Address	Telephone Number	Days and Hours of Operation
Miami Rescue Mission, Inc., d/b/a Broward Outreach Center	2056 Scott Street Hollywood, Florida 33020	954-926-7417	Seven (7) days a week, 24 hours a day

[Remainder of Page Intentionally Left Blank]

II. Outcomes/Indicators:

Outcomes	Outcome Indicators	Data Source (Where the data used to complete the quarterly report is found, verified, and kept)	Data Collection Method (Who collects data, when, how; special calculation instructions, if needed)
Clients who desire permanent housing must be referred to County's Coordinated Entry and Assessment ("CEA") unit within 90 days after Client's entry into the shelter.	50% of Clients will be referred to CEA within 90 days after Client's entry into the shelter.	HMIS Report	Provider maintains records regarding Clients' housing referral, compiles the data, and reports to County quarterly. **Calculation**: Number of referrals processed through CEA during the quarter under review/Total number of Clients served during the quarter under review
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Clients maintain or increase income.	25% of Clients maintain or increase their total income (from all sources).	HMIS Report	Provider maintains records regarding Clients' income, compiles the data, and reports to County quarterly. **Calculation**: Number of Clients with active entries in HMIS who maintain or increase income (from all sources) during the quarter being measured/Total number of Clients with active entries in HMIS during the quarter being measured

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
Affirmative Action Plan, if applicable		1 copy
CBE Policy, if applicable		1 copy
Certificate of Insurance/Self-insured Verification		1 copy
County's Federal Funding Accountability and Transparency Act (FFATA) Data Collection Form, if applicable	Due within 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
Line-Item Budget	Due upon execution and with the submission of the annual final invoice on October 10th	1 copy
Invoice and supporting documentation	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 Demographic/Performance 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 Mayor or Vice-Mayor, authorized to execute same by Board action on the 10th day of June 2025, and Provider, signing by and through its duly authorized representative.

COUNTY

ATTEST:

Broward County Administrator, as
ex officio Clerk of the Broward County
Board of County Commissioners

By: _____

Broward County, by and through its
Board of County Commissioners

By: _____
Mayor

_____ day of _____, 2025

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. Rodriguez Digitally signed by Angela M. Rodriguez Date: 2025.05.16 12:54:43 -04'00'
Angela M. Rodríguez (Date)
Assistant County Attorney

By: Karen S. Gordon Digitally signed by Karen S. Gordon Date: 2025.05.19 12:55:15 -04'00'
Karen S. Gordon (Date)
Senior Assistant County Attorney

AMR/bh
MRM-25-HOSS-HIP-2793-01
05/14/2025
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BROWARD COUNTY UNIT OF SERVICE FUNDING AGREEMENT
Agreement #25-HOSS-HIP-2793-01

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

Miami Rescue Mission, Inc., d/b/a Broward Outreach Center

By: Antonio Villasuso
Authorized Representative

ntonio Villasuso resident
Print/Type Name and Title above

5/15/2025 | 1:40:48 PM PDT
_____ day of _____, 2025