

BROWARD COUNTY UNIT OF SERVICE FUNDING AGREEMENT

Agreement # 26-HOSS-HIP-5820-01

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:	COAST TO COAST LEGAL AID OF SOUTH FLORIDA, INC.
Type of entity:	An active Florida nonprofit corporation
Name of Representative:	Lisa G. Goldberg, Executive Director
Official Payee:	Coast to Coast Legal Aid of South Florida, Inc. 1800 NW 69th Avenue, Suite 201 Plantation, Florida 33313 954-736-2400 lgoldberg@cclasfl.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-5820-01

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

Period	First Day of Period	Last Day of Period
Initial Term	October 1, 2025	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 N/A
RFP/RLI/RFA Published Title N/A
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	\$100,000
Option Period 1 (if exercised)	Amount appropriated by the Board
Option Period 2 (if exercised)	Amount appropriated by the Board
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-5820-01

_____ and
(Name and Title Typewritten or Clearly Printed)

(Name and Title Typewritten or Clearly Printed)

is/are duly authorized to sign on behalf of Coast to Coast Legal Aid of 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 C
Scope of Services

Funding Agreement #: 26-HOSS-HIP-5820-01

Provider: Coast to Coast Legal Aid of South Florida, Inc.

Program: Legal Assistance - Eviction Prevention

Program #: 1

I. Scope of Services:

A. Program Description: Provider will provide legal advice, brief legal services, and assessments of Clients' financial sustainability; negotiate with landlords or landlords' representatives; and make referrals for rental assistance, along with other services to help prevent eviction and homelessness. When necessary, Provider may also represent Clients in trial court to further support eviction- and homelessness-prevention efforts.

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 60 years of age or older; and

c. Be at imminent risk of losing their primary nighttime residence as described under the "Homeless" definition in 24 C.F.R. § 578.3, subsection (2).

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 that the individual or family is at imminent risk of homelessness.

C. A minimum of 40 unduplicated Clients must be provided services under this program annually.

D. Standards and Other Requirements:

Provider must register staff to receive alerts regarding revisions to the Provider Handbook and related documents through AccessBROWARD:

<https://access.broward.org/About.aspx>.

E. Services to be provided:

1. Provider must provide the following services:

a. Legal Assistance - Eviction (FP.4050)

b. Legal Assistance Modalities (FP)

c. Administrative Services (TD-0350)

2. Provider may provide Clients the following optional services, as needed:

Client Incidentals (NT-01)

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

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

Location Name	Address	Telephone Number	Days and Hours of Operation
Virtual	Phone, Teams, Zoom	954-736-2400	Monday through Friday 9:00 a.m. to 5:00 p.m.
Mobile Justice Van	N/A	954-736-2400	Monday through Friday 9:00 a.m. to 5:00 p.m.
Broward County Central Courthouse	201 S.E. 6th Street Room WW-04-107 Fort Lauderdale, Florida 33301	954-736-2400	Monday through Friday 9:00 a.m. to 5:00 p.m.

[Remainder of Page Intentionally Left Blank]

II. Outcomes/Indicators:

Outcomes	Outcome Indicators	Data Sources (Where the data used to complete the quarterly report is found, verified, and kept)	Data Collection Methods (Who collects data, when, how; special calculation instructions, if needed)
Clients at imminent risk of homelessness are referred to appropriate services.	Seventy-five percent (75%) of Clients will complete an assessment.	Clients' logs, Clients' case files, Client case management database	<p>Provider interviews Clients, completes assessments, and utilizes data to provide referrals for appropriate services.</p> <p>Provider compiles data and reports quarterly.</p> <p>Calculation: Number of Clients who complete an assessment during the period under review/Total number of Clients served during the period under review</p>
Loss of housing and homelessness are reduced in Broward County.	Eighty percent (80%) of represented Clients resolve or settle their cases and remain in their current housing	Clients' case files, Client case management database	<p>Provider enters case disposition into Clients' files and/or case management database at conclusion of each case.</p> <p>Provider compiles data and reports quarterly.</p> <p>Calculation: Number of represented Clients who resolve or settle their case during the period under review and remain in their current housing/Total number of represented Clients served during the period under review</p>

Exhibit D
Required Reports and Submission Dates

Provider must submit all reports and documents listed in this exhibit by their respective due dates to the Contract Manager, unless another recipient or submission method is specified below.

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
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 16.33.3 of the Standard Terms	1 copy
Continuity Plan (formerly, Continuity of Operations Plan or COOP)	Due upon execution of the Funding Agreement and annually on April 15th	1 copy
Line-Item Budget	Due upon execution of the Funding Agreement and with the submission of the annual final invoice on October 10th	1 copy
Invoice and supporting documentation	Due on or before 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 the Contract Manager	1 copy
Audited Financial Statements	Due within 180 days after the close of Provider's fiscal year end; submit to Repository with a copy to the 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 ___ day of _____ 2026, 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 _____, 2026

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: _____
Karen S. Gordon (Date)
Senior Assistant County Attorney

KSG:bh
CCLA -26-HOSS-HIP-5820-01-a01
04/17/2026
#60070

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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

Coast to Coast Legal Aid of South Florida, Inc.

By: _____
Authorized Representative

Print/Type Name and Title

_____ day of _____, 2026