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 Florida not-for-profit 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 a Broward County Cultural Division Grant ("Grant Award") in the category indicated below ("Grant Program") in accordance with the Broward County Administrative Code ("Administrative Code") or as otherwise authorized by the Board of County Commissioners:

☒ 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://www.broward.org/Arts/Funding/Pages/ManagingYourAward.aspx), 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. If the Grant Award Details indicate that Recipient is required to maintain insurance, the certificate showing the minimum required insurance coverage is attached as Exhibit A and incorporated herein. If the box for insurance is not 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 Recipient's compliance with the provisions stated in the Grant Award Details below.

GRANT AWARD DETAILS

All Grant Awards	
County Internal Grant Award Number	GOS3-07-2026
Grant Award Period	October 1, 2025 through September 30, 2026
Grant Award Amount	**$269,560.32**
Grant Award Match Requirement (if any)	N/A
Is any portion of the Grant Award funded with Tourist Development Tax?	☐ No ☒ Yes (if Yes, identify amount): $269,560.32* *Recipient represents and warrants that the Grant Award shall not be utilized for any purposes other than those permitted under Section 125.0104, Florida Statutes.
Grant Award Payment Schedule	Grant Award payment will be made by County by September 30, 2026.
Website at which Grant Guidelines are posted	https://www.broward.org/Arts/Funding/Pages/GeneralOperatingSupport.aspx
Venue Name and Address	Museum of Discovery and Science: 401 SW 2nd Street, Fort Lauderdale, FL 33312.
County Personnel/Cultural Council member tickets to be provided (if any)	N/A
Recipient Insurance Requirements (only if checked).	☒ REQUIRED (If checked, Recipient must maintain insurance coverages in the types and amounts shown in Exhibit A for the duration of the Term.)
General Operating Support Grants Only	
General Description	As described in the Recipient Application, the Recipient shall provide for the operation and programming of an accredited museum facility (accredited by the American Alliance of Museums) and IMAX® Theatre, operating 362 days per year (Monday–Saturday, 10:00 a.m.–5:00 p.m.; Sunday, 12:00–5:00 p.m.) that is open to the public for applicable admission and program fees. The Museum of Discovery and Science (MODS) will deliver interactive exhibits, STEM education programs, paid internships, and initiatives serving Broward County residents and visitors.
Program Support Grants Only	
Event/Program Title(s)	N/A
Event Date(s)	N/A
Cultural and Artistic Facilities Capital Support Grants Only	

Facility Location	N/A
ADDITIONAL GRANT AWARD TERMS (if any)	
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IN WITNESS WHEREOF, the Parties hereto have made and executed this Broward County Cultural Division Grant Award Agreement GOS3-07-2026: Broward County, through its Board of County Commissioners, signing by and through its Mayor, authorized to execute same by Board action on the _____ day of _____, 20__; and Recipient, by and through its duly authorized representative.

COUNTY

ATTEST:

BROWARD COUNTY, by and through its Board of County Commissioners

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

By: _____
Mayor

____ 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 DocuSigned by: 2817EC8E5F90408... 10/24/2025
Javier Navas (Date)
Assistant County Attorney

By DocuSigned by: SANDY STEED 5979CD6DB663401... 10/24/2025
Sandy Steed (Date)
Assistant County Attorney

JN/SS
GOS3-07-2026 Museum of Discovery and Science, Inc.doc
10/14/2025
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BROWARD COUNTY CULTURAL DIVISION GRANT AWARD AGREEMENT

RECIPIENT

Museum of Discovery and Science, Inc.

Signed by:
AA53C94BB66F49C...

Joseph Cox. President & CEO

24 day of October, 2025

RECIPIENT ADDRESS AND EMAIL
(For notice purposes as provided in the Grant Program Terms)

Museum of Discovery and Science, Inc.
401 SW 2nd Street
Fort Lauderdale, FL 33312
Email: joseph.cox@mods.org

EXHIBIT A
MINIMUM INSURANCE REQUIREMENTS

Project: General Operating Support: Museum of Discovery and Science, Inc. – GOS3-07-2026
Agency: Cultural Division

TYPE OF INSURANCE	ADDL INSD	SUBR WVD	MINIMUM LIABILITY LIMITS		
				Each Occurrence	Aggregate
GENERAL LIABILITY - Broad form ☑ Commercial General Liability ☑ Premises–Operations ☐ XCU Explosion/Collapse/Underground ☑ Products/Completed Operations Hazard ☑ Contractual Insurance ☑ Broad Form Property Damage ☐ Independent Contractors ☑ Personal and Advertising Injury ☐ Liquor Liability ☑ Abuse & Molestation Coverage **Per Occurrence or Claims-Made:** ☑ Per Occurrence ☐ Claims-Made **Gen'l Aggregate Limit Applies per:** ☐ Project ☐ Policy ☐ Loc. ☐ Other _____	☑		Bodily Injury		
			Property Damage		
			Combined Bodily Injury and Property Damage	$500,000	$500,000
			Personal Injury		
			Products & Completed Operations		
AUTO LIABILITY ☑ Comprehensive Form ☑ Owned ☑ Hired ☑ Non-owned ☑ Any Auto, If applicable *Note: May be waived if no driving will be done in performance of services/project.*			Bodily Injury (each person)		
			Bodily Injury (each accident)		
			Property Damage		
			Combined Bodily Injury and Property Damage	$500,000	
☐ **EXCESS LIABILITY / UMBRELLA** **Per Occurrence or Claims-Made:** ☐ Per Occurrence ☐ Claims-Made *Note: May be used to supplement minimum liability coverage requirements.*					
☑ **WORKERS' COMPENSATION** *Note: U.S. Longshoremen & Harbor Workers' Act & Jones Act is required for any activities on or about navigable water.*	N/A		**STATUTORY LIMITS**		
☑ **EMPLOYERS LIABILITY**			Each Accident	$100,000	
☐ **PROFESSIONAL LIABILITY (ERRORS & OMISSIONS)**	N/A		If claims-made form:		
			*Maximum Deductible:		
☐ Installation floater is required if Builder's Risk or Property are not carried. *Note: Coverage must be "All Risk", Completed Value.*			*Maximum Deductible (Wind and/or Flood):	Not to exceed 5% of completed value	**Completed Value**
			*Maximum Deductible:	$10 k	

Description of Operations: Broward County is additional insured for liability. Insured's insurance shall provide primary coverage and shall not require contribution from the County, self-insurance or otherwise. For Claims-Made policies insurance must be maintained and evidence of insurance must be provided for at least three (3) years after completion of the contract or work.

CERTIFICATE HOLDER:

Broward County
115 South Andrews Avenue
Fort Lauderdale, Florida 33301

Digitally signed by COLLEEN POUNALL
Date: 2025.10.07 14:11:53 -04'00'

Risk Management Division