



AGREEMENT SUMMARY

1. Other Contracting Party:

SHERIFF OF BROWARD COUNTY, FLORIDA

2. Proposed Action:

[X] New Contract [ ] Amendment, Number [ ] Renewal [ ] Extension

3. Document Type (select one):

SANE-PREA MOU

4. Purpose/Description: Memorandum of Understanding establishes a framework to guide the provision of crisis intervention services, victim advocacy and forensic medical examinations to inmates or detainees who are victims of sexual abuse.

5. Special Provisions (select if applicable):

- [ ] Living Wage Program [ ] SBE Sheltered Market Program
[ ] Workforce Investment Pilot Program [ ] M/WBE Program
[ ] Federal DBE/ACDBE program [ ] In-Kind Match Required: \$ \_\_\_\_\_ or \_\_\_\_\_ %
[ ] CBE Program [ ] Cash Match Required: \$ \_\_\_\_\_ or \_\_\_\_\_ %

6.a. Effective Dates (for new agreements only):

Start : upon execution
End: 2025

6.b. Effective Dates (amendments only):

- [ ] No Change
[ ] End date has changed from \_\_\_\_\_ to \_\_\_\_\_.
[ ] Term has from \_\_\_\_\_ to \_\_\_\_\_.

7. Contract Administrator:

Name: Carol Cook
Phone: 954-357-9590

8. Contract Type:

- [ ] Cost reimbursement [ ] Open-end
[ ] Firm fixed price [ ] Time and materials
[X] Performance-based [ ] Other \_\_\_\_\_

9.a. Contract Value (new contracts)

Table with 2 columns: Description, Amount. Rows: Actual/Estimated, Base amount (\$0.00), Reimbursables, Optional Services, Total contract value (\$0.00).

9.b. Contract Value (amendments only)

Table with 2 columns: Description, Amount. Rows: No change/Actual/Estimated, Original approved contract value, Approved previous adjustments, Value of this action, Amended total contract value.

10. Payment Method

- [ ] Lump Sum Payment
[ ] Milestone or Progress-Based
[ ] Scheduled or Time-Based
[X] Other- Monthly invoices reflecting costs associated with providing the services.

11. Payment Terms

Broward Sheriff's Office will pay Broward County for the initial forensic medical examination of an inmate sexual assault victim at a cost of \$500 per exam.

12. Cost Adjustment

- [X] Not Applicable [ ] Fixed Percentage - \_\_\_% [ ] Actual Cost
[ ] CPI or other Index [ ] Fixed Amount - \$\_\_\_\_\_ [ ] Other:

13. Equity Program Participation Summary

- a. County established M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal for this action or project: N/A
b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: N/A
c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: N/A

14. Renewal or Extension Terms:

THE MOU MAY BE RENEWED BY EITHER PARTY. IF BOTH PARTIES DESIRE TO RENEW THE MOU, THIS OPTION SHALL BE EXERCISED IN WRITING NO LATER THAN 60 DAYS PRIOR TO THE MOU EXPIRATION.

15. Termination and Cancellation Provisions

For Cause: N/A
For Convenience: THIS MOU MAY BE TERMINATED BY EITHER PARTY WITH NO LESS THAN 30 CALENDAR DAYS WRITTEN NOTICE, WITHOUT CAUSE, UNLESS A LESSER TIME IS MUTUALLY AGREED UPON BY BOTH PARTIES.

16. Deliverables, milestones or scope of this action: The MOU requires that NJCC provide crisis intervention support, victim advocacy and forensic medical examinations to inmates or detainees who are victims of sexual abuse.

17. List terms, considerations or deviations from standard county form. None.