



## BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA

## AGREEMENT SUMMARY

## EXHIBIT 1

**1. Other Contracting Party:** Iron Mountain Information Management, LLC**2. Proposed Action:**☐ New Contract ☒ Amendment, Number Three ☐ Renewal ☐ Extension**3. Document Type (select one):**

Third Amendment

**4. Purpose/Description:**

Extends the existing agreement until March 31, 2021 with the same terms and conditions.

**5. Special Provisions (select if applicable):**

<input type="checkbox"/> Living Wage Program	<input type="checkbox"/> SBE Sheltered Market Program
<input type="checkbox"/> Workforce Investment Pilot Program	<input type="checkbox"/> M/WBE Program
<input type="checkbox"/> Federal DBE/ACDBE program	<input type="checkbox"/> In-Kind Match Required: \$ _____ or _____%
<input type="checkbox"/> CBE Program	<input type="checkbox"/> Cash Match Required: \$ _____ or _____%

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

Start:

End:

**6.b. Effective Dates (amendments only):**☐ No Change  
☒ End date has changed from SEPTEMBER 30, 2020 to MARCH 31, 2021.  
☐ Term has from to .**7. Contract Administrator:**

Name: Gary Mehringer

Phone: (954) 357-5440

**8. Contract Type:**

<input type="checkbox"/> Cost reimbursement	<input checked="" type="checkbox"/> Open-end
<input type="checkbox"/> Firm fixed price	<input type="checkbox"/> Time and materials
<input type="checkbox"/> Performance-based	<input type="checkbox"/> Other _____

**9.a. Contract Value (new contracts)**☐ Actual ☐ Estimated

Base amount	
Reimbursables	
Optional Services	
Total contract value	

**9.b. Contract Value (amendments only)**☐ No change ☐ Actual ☒ Estimated

Original approved contract value	\$500,000
Approved previous adjustments	\$450,000
Value of this action	\$40,000
Amended total contract value	\$990,000

**10. Payment Method**☐ Lump Sum Payment  
☐ Milestone or Progress-Based  
☐ Scheduled or Time-Based  
☒ Other: Consumption-based, as used.**11. Payment Terms****12. Cost Adjustment**

<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Fixed Percentage - ____%	<input type="checkbox"/> Actual Cost
<input type="checkbox"/> CPI or other Index	<input type="checkbox"/> Fixed Amount - \$ _____	<input type="checkbox"/> 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:**

An additional six-month term.

**15. Termination and Cancellation Provisions**

For Cause: Either party if breach has not been corrected within 45 days after written notice.

For Convenience: By the Board with not less than 45 days written notice.

**16. Deliverables, milestones or scope of this action:**

Extends the existing agreement until March 31, 2021 with the same terms and conditions as the previous amendment.

**17. List terms, considerations or deviations from standard county form.**

N/A