



AGREEMENT SUMMARY

1. Other Contracting Party:

IDEACOM Healthcare Communications of Florida, Inc.

2. Proposed Action:

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

3. Document Type (select one):

Two Party Agreement

4. Purpose/Description:

This agreement provides a real time location solution system, which will enable the Broward Addiction and Recovery Center to effectively track and manage staff, patients, visitors, beds, medical equipment, etc. within the residential facilities.

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: Three Years from Date of Final Acceptance

6.b. Effective Dates (amendments only):

- [] No Change
[] End date has changed from _____ to _____
[] Term has from _____ to _____

7. Contract Administrator:

Name: Jack Feinberg, Director of Broward Addiction Recovery Center
Phone: 954-357-4830

8. Contract Type:

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

9.a. Contract Value (new contracts)

Table with 2 columns: Description, Amount. Rows: Actual/Estimated, Base amount (\$616,066.00), Reimbursables (0), Optional Services (0), Total contract value (\$616,066.00)

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 Milestone based for equipment, software, implementation services; time-based for support and maintenance

11. Payment Terms

County shall pay provider within 30 days of receipt of provider's proper invoice, in accordance with Section 5.2.2.

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:

UP TO TWO, ONE-YEAR RENEWAL TERMS IN ACCORDANCE WITH ARTICLE 4, SECTION 4.2.

15. Termination and Cancellation Provisions

For Cause: IN ACCORDANCE WITH SECTION 13.1
For Convenience: IN ACCORDANCE WITH SECTION 13.1

16. Deliverables, milestones or scope of this action:

In accordance with Exhibit A – Statement of Work

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

None