



AGREEMENT SUMMARY

1. Other Contracting Party:

STATE OF FLORIDA DEPARTMENT OF HEALTH

2. Proposed Action:

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

3. Document Type (select one):

Grant Agreement

4. Purpose/Description: Provides funding for a Child Protection Team (CPT) at the Nancy J. Cotterman Center (NJCC) to deliver multidisciplinary assessment services to children in Broward County who are suspected of being abused, neglected or abandoned by a parent or caregiver and whose case has been accepted by the Department of Children and Families (DCF) Central Abuse Hotline for a protective investigation.

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 by both parties
End: June 30, 2023

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
[X] Firm fixed price [] Time and materials
[] Performance-based [] Other _____

9.a. Contract Value (new contracts)

Table with 2 columns: Description, Amount. Rows include Actual/Estimated, Base amount (\$4,339,452), Reimbursables, Optional Services, Total contract value (\$4,339,452).

9.b. Contract Value (amendments only)

Table with 2 columns: Description, Amount. Rows include 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
[X] Scheduled or Time-Based
[] Other

11. Payment Terms

Payments will be made monthly in the amount of \$120,540 for the first 11 months and \$120,544 for the 12th month of each year of the contract.

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

14. Renewal or Extension Terms:

MAYBE RENEWED ON A YEARLY BASIS FOR NO MORE THAN 5 YEARS BEYOND THE INITIAL CONTRACT OR FOR THE TERM OF THE ORIGINAL CONTRACT, WHICH EVER IS LONGER AND UPON THE SAME TERMS AND CONDITIONS AS THE ORIGINAL CONTRACT.

15. Termination and Cancellation Provisions

For Cause: BY DOH UPON NO LESS THAN 24 HOURS WRITTEN NOTICE, FOR NON-PERFORMANCE OR LACK OF FUNDS TO FINANCE THE CONTRACT.
For Convenience: BY EITHER PARTY WITH NO LESS THAN 30 CALENDAR DAYS' WRITTEN NOTICE.

16. Deliverables, milestones or scope of this action:

Child Abuse report review, forensic and specialized interviews, medical examinations and consultations, staffings, psychological evaluations and consultation, expert testimony and training.

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

None.