



AGREEMENT SUMMARY

1. Other Contracting Party:

BROWARD COUNTY SUPERVISOR OF ELECTIONS ("SOE")

2. Proposed Action:

New Contract Amendment, Number Renewal Extension

3. Document Type (select one):

Interlocal Agreement

4. Purpose/Description:

SOE will participate in Broward County's workers' compensation coverage and excess workers' compensation coverage on the same basis and upon the same terms, conditions, benefits, and duties as County employees.

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 : 10/01/2020
End: 09/30/2023

6.b. Effective Dates (amendments only):

No Change
 End date has changed from _____ to _____.
 Term has from _____ to _____.

7. Contract Administrator:

Name: Wayne Fletcher
Phone: 954-357-7203

8. Contract Type:

Cost reimbursement Open-end
 Firm fixed price Time and materials
 Performance-based 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
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
 Other

11. Payment Terms

First of each month for each quarter (October 1, January 1, April 1, and July 1)

12. Cost Adjustment

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

14. Renewal or Extension Terms:

Three-year original term with two one-year renewal options.

15. Termination and Cancellation Provisions

For Cause: None.
For Convenience: By giving written notice no later than August 1st in the year of the current term.

16. Deliverables, milestones, or scope of this action: Provides workers' compensation coverage and excess workers' compensation coverage.

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