



AGREEMENT SUMMARY

1. Other Contracting Party:

Removal Transport Services of Broward, Inc.

2. Proposed Action:

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

3. Document Type (select one):

Other – Removal and Transportation of Deceased Persons

4. Purpose/Description:

Removal and Transportation of Deceased Persons, medical records, specimens, physical evidence and storage of deceased persons, between various locations throughout Broward, Palm Beach and Miami-Dade Counties on an as needed basis.

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 date of execution
End: Three years from date of execution

6.b. Effective Dates (amendments only):

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

7. Contract Administrator:

Name: Thomas Steinkamp
Phone: 954-357-5237

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, Value. Rows: Actual/Estimated, Base amount (\$576,000), Reimbursables (0), Optional Services (\$33,120), Total contract value (\$609,120).

9.b. Contract Value (amendments only)

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

11. Payment Terms

County will pay as per invoice no more often than on a bi-monthly basis for services for which the invoices are submitted have been completed.

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:

TWO ONE-YEAR TERMS.

15. Termination and Cancellation Provisions

For Cause: PER ARTICLE 9, BY EITHER PARTY AFTER TEN DAYS RECEIPT OF WRITTEN NOTICE.
For Convenience: PER ARTICLE 9, BY THE BOARD NOT LESS THAN 30 DAYS AFTER DATE OF WRITTEN NOTICE.

16. Deliverables, milestones or scope of this action:

Deceased body transport and related services.

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

Not applicable