



AGREEMENT SUMMARY

1. Other Contracting Party:
FLORIDA STATE UNIVERSITY COLLEGE OF NURSING

2. Proposed Action:
[X] New Contract [] Amendment, Number [] Renewal
[] Extension

3. Document Type (select one):
Affiliation Agreement

4. Purpose/Description:
This Affiliation Agreement with Florida State University (FSU) College of Nursing will allow students enrolled in FSU's Nursing program to participate in the Human Services Department's University Student Practicum Program.

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: Five (5) 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: Mandy Wells
Phone: 954-357-6385

8. Contract Type:
[] Cost reimbursement [] Open-end
[] Firm fixed price [] Time and materials
[] Performance-based [X] Other NON-MONETARY AGREEMENT

9.a. Contract Value (new contracts)
Table with columns for Contract Value type (Actual/Estimated) and amounts for Base amount, Reimbursables, Optional Services, and Total contract value.

9.b. Contract Value (amendments only)
Table with columns for Contract Value type (No change/Actual/Estimated) and amounts for Original approved contract value, Approved previous adjustments, Value of this action, and Amended total contract value.

10. Payment Method
[] Lump Sum Payment
[] Milestone or Progress-Based
[] Scheduled or Time-Based
[] Other

11. Payment Terms
N/A

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:

15. Termination and Cancellation Provisions

AGREEMENT SHALL BE EFFECTIVE FOR FIVE (5) YEARS FROM DATE OF EXECUTION.

For Cause: THIS AGREEMENT MAY BE TERMINATED WITHIN 30 DAYS' NOTICE FOR CAUSE BY EITHER PARTY.

For Convenience: THIS AGREEMENT MAY BE TERMINATED WITHIN 30 DAYS' NOTICE FOR CAUSE BY EITHER PARTY.

16. Deliverables, milestones or scope of this action:

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

Not applicable