



AGREEMENT SUMMARY

1. Other Contracting Party: SP Plus Corporation

2. Proposed Action:

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

3. Document Type (select one):

Agreement

4. Purpose/Description:

To manage and operate all parking facilities at Port Everglades, including shuttle bus services.

5. Special Provisions (select if applicable):

[X] Living Wage Program [] SBE Sheltered Market Program
[] Workforce Investment Pilot Program [] M/WBE Program
[] Federal DBE/ACDBE program [] In-Kind Match Required: \$ _____ or _____%
[X] CBE Program [] Cash Match Required: \$ _____ or _____%

6.a. Effective Dates (for new agreements only):

Start : Upon Execution by the Board
End: Three years from date of full execution

6.b. Effective Dates (amendments only):

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

7. Contract Administrator:

Name: Jorge Hernandez, Business Administration, Port Everglades Department
Phone: (954) 468-3501

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 (\$362,583), Reimbursables (\$7,291,293), Optional Services (0), Total contract value (\$7,653,877).

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
[X] Scheduled or Time-Based
[] Other: Work Authorization

11. Payment Terms

As per Article 5, payment will be made on a bi-weekly basis, provided the Services listed in Exhibit A, for which the invoices are submitted have been completed and the Reimbursable Expenses have been incurred as listed in Exhibit B.

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: 25%
b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: 25%
c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: N/A

14. Renewal or Extension Terms:

Two one-year renewals

15. Termination and Cancellation Provisions

For Cause: PER ARTICLE 9, MUTUALLY WITHIN TEN DAYS WRITTEN NOTICE.
For Convenience: PER ARTICLE 9, WITHIN THIRTY DAYS WRITTEN NOTICE BY BOARD.

16. Deliverables, milestones or scope of this action:

Scope of Services as per Exhibits A and B.

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

Exhibit I – Security Requirements, System and Organization Controls (SOC) Report. Contractor shall provide County a redacted SOC 1 Type II Report provided that such redactions shall not misrepresent or cause any remaining portion of the report to be false or misleading.