



AGREEMENT SUMMARY

1. Other Contracting Party:

South Florida Water Management District (SFWMD)

2. Proposed Action:

New Contract Amendment, Number Renewal Extension

3. Document Type (select one):

Reimbursement Grant Agreement

4. Purpose/Description:

Reimbursement Grant Award to offset the cost of the TY Park Reclaimed Water Main Expansion Project

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: \$ 1,680,000 or ____ %

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

Start : December 12, 2019
End: June 30, 2021

6.b. Effective Dates (amendments only):

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

7. Contract Administrator:

Name: Linda Briggs Thompson
Phone: 954-357-8120

8. Contract Type:

Cost reimbursement 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 (\$500,000), Reimbursables (0), Optional Services (0), Total contract value (\$500,000).

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
 Scheduled or Time-Based
 Other

11. Payment Terms

UPON COMPLETION AND ACCEPTANCE OF THE DELIVERABLES AND RECEIPT OF A FULLY DOCUMENTED REIMBURSEMENT REQUEST PACKAGE

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: 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:

NOT APPLICABLE

15. Termination and Cancellation Provisions

For Cause: BY SFWMD, UPON THIRTY DAYS WRITTEN NOTICE, FOR MATERIAL BREACH SHOULD COUNTY FAIL TO CURE WITHIN THIRTY DAYS; OR IMMEDIATELY WITHOUT NOTICE IN THE EVENT ANY OF THE REPRESENTATIONS IN THE PROJECT APPLICATION ARE FOUND TO BE FALSE, OR IF THERE IS ANY MISREPRESENTATION OR FALSE CERTIFICATION BY THE COUNTY, OR IF THE COUNTY FAILS TO COMPLETE THE CONSTRUCTION DESCRIBED IN EXHIBIT A, STATEMENT OF WORK
For Convenience: BY SFWMD, WITH THIRTY DAYS WRITTEN NOTICE TO COUNTY

16. Deliverables, milestones or scope of this action:	SEE STATEMENT OF WORK, EXHIBIT A IN GRANT AGREEMENT
17. List terms, considerations or deviations from standard county form.	THIS GRANT AGREEMENT DOES NOT CONTAIN THE COUNTY'S STANDARD CONTRACT TERMS. RECEIPT OF FUNDS REQUIRES THE USE OF SFWMD'S FORM AGREEMENT. TO RECEIVE AND KEEP THE GRANT FUNDS, THE COUNTY MUST MEET DELIVERABLES AND REPORTING AND AUDIT REQUIREMENTS.