

BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA

AGREEMENT SUMMARY

EXHIBIT 1

NAME OF OTHER CONTRACTING PARTY					
AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY, INC.					
PROPOSED ACTION		EXTENSION	Grant Agreement Vendor Agreement		
NEW ITEM AMENDMENT, NUMBER RENEWAL EX PURPOSE			Grant Agreement	vendor Agreement	
To provide case management, health supports and adult day care services for frail elders.					
SPECIAL PROVISIONS (select if applicable)					
LIVING WAGE PROGRAM			M/WBE PROGRAM		
SBE SHELTERED MARKET PROGRAM			I-KIND MATCH: \$	OR %	
FEDERAL DBE PROGRAM		REQUIRES C	ASH MATCH: \$	OR %	
CDBE PROGRAM					
EFFECTIVE DATES (new agreements only)			EFFECTIVE DATES (amendments only)		
START: 10/01/19		NO CHANGE			
END: 9/30/2020		☐ END DATE H	L END DATE HAS CHANGED FROM TO .		
		TERM HAS	FROM TO	•	
CONTRACT ADMINISTRATOR		CONTRACT TYPE			
NAME: Andrea Busada			COST REIMBURSEMENT OPEN-END		
PHONE: 954-357-6622		FIRM FIXED	FIRM FIXED PRICE TIME AND MATERIALS		
		PERFORMAN	NCE BASED	OTHER	
CONTRACT VALUE (new contracts)		CONTRACT VALU	CONTRACT VALUE (amendments only)		
ACTUAL ESTIMATED		—	□ NO CHANGE □ ACTUAL □ ESTIMATED		
Base amount		Origi	Original approved contract value		
Reimbursables		App	Approved previous adjustments		
Optional Services			Value of this action		
Total contract value	\$585,840.00 Amended total contract value		ct value		
PAYMENT METHOD	PAYMENT TERMS				
LUMP SUM PAYMENT	County submits monthly invoices for reimbursment of fixed rate services.				
MILESTONE / PROGRESS BASED					
SCHEDULED OR TIME-BASED					
OTHER					
COST ADJUSTMENT					
NOT APPLICABLE	☐ FIXED PERCENTAGE % ☐ ACTUAL COST				
CPI OR OTHER INDEX	☐ FIXED COST \$ ☐ OTHER				
EQUITY PROGRAM PARTICIPATION SUMMARY					
Total County established M/WBE, SBE, CDBE, or DBE participation goal for this action or project: N/A					
Total contractor-committed M/WBE, SBE, CDBE, or DBE participation goal planned for this action or project: N/A					
M/WBE, SBE, CDBE, or DBE participation to date: N/A					
		TERMINATION AND CA	RMINATION AND CANCELLATION PROVISIONS		
NON RENEWABLE FOR		FOR CAUSE: N/A	OR CAUSE: N/A		
		FOR CONVENIENCE: N	OR CONVENIENCE: N/A		
			County is reimbursed for the provision of services within the /endor Agreement Program.		
LIST TERMS, CONSIDERATIONS OR DEVIATIONS FROM STANDARD Th		The agreement is	The agreement is in the State of Florida standard contract ormat. Council will sign last following County's signature.		