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BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA

AGREEMENT SUMMARY

EXHIBIT 1

1. Other Contracting Party: GOVERNMENT SUPERVISORS ASSOCIATION OF FLORIDA, PROFESSIONAL UNIT								
2. Proposed Action:			3. Document Type (<i>select one</i>):					
New Contract Amendment, Number	Renewal	Extension	Collective Bargaining Agreement					
4. Purpose/Description:								
Resolves Collective Bargaining with the County's Professional Unit								
5. Special Provisions (select if applicable):								
Living Wage Program		SBE Sheltered	SBE Sheltered Market Program					
Workforce Investment Pilot Program		M/WBE Progr	M/WBE Program					
Federal DBE/ACDBE program		In-Kind Match	In-Kind Match Required: \$ or%					
CBE Program		Cash Match F	Cash Match Required: \$ or %					
6.a. Effective Dates (for new agreements only):		6.b. Effective Dates	6.b. Effective Dates (amendments only):					
Start : <u>10/01/2019</u>		No Change	No Change					
End: <u>09/30/2020</u>		End date has	End date has changed from to					
		Term has	Term has from to .					
7. Contract Administrator:		8. Contract Type:	8. Contract Type:					
Name: David Kahn		Cost reimbur	Cost reimbursement Open-end					
Phone: 954- <u>357-6005</u>		Firm fixed pri	Firm fixed price Time and materials					
		Performance	Performance-based Other COLLECTIVE BARGAINING					
		AGREEMENT (I	AGREEMENT (LABOR CONTRACT)					
9.a. Contract Value (<i>new contracts</i>)		9.b. Contract Value	9.b. Contract Value (amendments only)					
Actual Estimated		No change	Actual Estimated					
Base amount	\$2,678,404		Original approved contract value					
Reimbursables	0)	Approved previous adjustments					
Optional Services	0)	Value of this action					
Total contract value	\$2,678,404	-	Amended total contract value					
10. Payment Method	11. Payment Terms							
Lump Sum Payment	Wages paid bi-week	ly.						
Milestone or Progress-Based								
Scheduled or Time-Based								
Other								
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: <u>N/A</u>								
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: $\underline{N/A}$								
14. Renewal or Extension Terms:		15. Termination and Can	Termination and Cancellation Provisions					
None		For Cause: N/A	r Cause: N/A					
		For Convenience: N/A	Convenience: N/A					
16. Deliverables, milestones or scope of this action:		None	one					
17. List terms, considerations or deviations from sta	indard county form.	Summary of Agre	ummary of Agreement Provision Changes attached (Exhibit 3)					