BROWARD COUNTY

${\bf BOARD\ OF\ COUNTY\ COMMISSIONERS,\ BROWARD\ COUNTY,\ FLORIDA}$

AGREEMENT SUMMARY

EXHIBIT 3

| FLORIDA | ACITELITIE | | | | |
|--|------------------------|---|---|-------------------|--|
| 1. Other Contracting Party: | | | | | |
| UNITED STATES OF AMERICA | | | | | |
| 2. Proposed Action: | | | 3. Document Type (select one): | | |
| New Contract | Renewal | Extension | Certification of Land | s Agreement | |
| 4. Purpose/Description: | | | | | |
| Allows the Corps of Engineers to assist in the repair of storm damaged Segment III beaches | | | | | |
| 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>Upon execution by Corps</u> | | ☐ No Change | No Change | | |
| End: n/a | | End date has changed from to | | | |
| | | Term has | from to . | | |
| 7. Contract Administrator: | | 8. Contract Type: | | | |
| Name: Bertha Henry | | Cost reimbur | Cost reimbursement Open-end | | |
| Phone: 954-357-7353 | | Firm fixed pri | Firm fixed price Time and materials | | |
| | | Performance- | -based | FICATION OF LANDS | |
| 9.a. Contract Value (new contracts) | 9.b. Contract Value | (amendments only) | <u> </u> | | |
| Actual Estimated | | No change | Actual | Estimated | |
| Base amount | 0 | | Original approved contract value | | |
| Reimbursables | | | Approved previous adjustments | | |
| Optional Services | | | Value of this action | | |
| Total contract value | 0 | | Amended total contract value | | |
| 10. Payment Method | 11. Payment Terms | | 1 |) | |
| Lump Sum Payment | | | | | |
| Milestone or Progress-Based | | | | | |
| Scheduled or Time-Based | | | | | |
| Other Deliverable | | | | | |
| 12. Cost Adjustment | | | | | |
| Not Applicable | Fixed Percentage% | | | | |
| CPI or other Index | Fixed Amount - \$ | S | Other: | | |
| 13. Equity Program Participation Summary | | | | | |
| a. County established M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal for this action or project: $\underline{n/a}$ | | | | | |
| 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: | 5. Termination and Can | Termination and Cancellation Provisions | | | |
| N/A If a | | f at any time the | at any time the Public Sponsor fails to carry out its | | |
| | obligations of th | oligations of the Agreement | | | |
| | | | | | |
| 16. Deliverables, milestones or scope of this action | Rehabilitation of S | habilitation of Segment III of the Shore Protection Project | | | |
| 17. List terms, considerations or deviations from standard county form. | | | | | |