## BROWARD

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

## **AGREEMENT SUMMARY**

**EXHIBIT 1** 

1. Other Contracting Party:						
AREAWIDE COUNCIL ON AGING OF BROW	NTY, INC. ("CO	UNCIL")				
2. Proposed Action:				3. Document Type (select one):		
New Contract			Extension	Grant Agreement		
<b>4. Purpose/Description:</b> To set forth the general terms and conditions to which Council grant contracts will be subject, for the						
provision of services supporting the well-being of Broward County's elderly residents.						
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	In-Kind Match Required: \$ or %		
CBE Program			Cash Match F	Required: \$ or	%	
6.a. Effective Dates (for new agreements only):			6.b. Effective Dates (amendments only):			
Start : <u>Upon execution</u>			☐ No Change			
End: 12/31/2022			End date has changed from to .			
<u> 15,01/5055</u>			Term has	Term has from to .		
7. Contract Administrator:			8. Contract Type:	8. Contract Type:		
Name: Andrea Busada			Cost reimbursement Open-end			
Phone: 954-357-8818			Firm fixed or	Firm fixed price Time and materials		
Filolie. 954- <u>557</u> -0010			Performance		n-Financial	
9.a. Contract Value (new contracts)			9.b. Contract Value (amendments only)			
Actual Estimated			No change Actual Estimated			
Base amount			No change	Original approved contract value		
Reimbursables				Approved previous adjustments		
Optional Services				Value of this action		
	Total contract value			Amended total contract value		
10. Payment Method 11. Payment Terms						
Lump Sum Payment Not applicable because it is			is a Non-Financial Contract			
Milestone or Progress-Based						
Scheduled or Time-Based						
Other N/A						
12. Cost Adjustment						
Not Applicable Fixed Percentage -			%	Actual Cost		
CPI or other Index Fixed Amount - S		<u> </u>	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: $N/A$						
			5. Termination and Cancellation Provisions			
			Council may terminate this contract with 30 days written notice to Broward			
			County for either convenience at its sole discretion and interest; or by cause, if Broward County fails to comply with service delivery, program progress,			
				contractual terms, and/or applicable statutory regulations.		
			roward County shall provide services in the manner described in the absequent contracts incorporating this Master Contract by reference.			
17. List terms, considerations, or deviations from standard county form. This			is Master Contract is in the State and Council standard contract format.			
Council				ncil will sign last following Broward County's approval and signature.		