

BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA

AGREEMENT SUMMARY

| EVIII | | . ^ |
|-------|-----|-----|
| EXH | IBH | |

| 1. Other Contracting Party: CTS Engineering, Inc. | | | | |
|---|--|------------------------------------|---|--|
| Proposed Action: New Contract | nt, Number | | Document Type (select one): Professional Consulting Services Contract | |
| 4. Purpose/Description: | | | | |
| Provides for professional consultant services for transit surveys, infrastructure and shelter designs. | | | | |
| 5. Special Provisions (select if applicable): | | | | |
| Living Wage Program | | SBE Sheltered | SBE Sheltered Market Program | |
| Workforce Investment Pilot Program | | | M/WBE Program | |
| Federal DBE/ACDBE program | | | In-Kind Match Required: \$ or% | |
| ☐ CBE Program | | Cash Match F | Cash Match Required: \$ % | |
| 6.a. Effective Dates (for new agreements only): | | 6.b. Effective Dates | 6.b. Effective Dates (amendments only): | |
| | | No Change | No Change | |
| Start : <u>Upon date of execution</u> | | Fnd date has | End date has changed from to | |
| End: Five years from date of execution | | Term has | | |
| 7. Contract Administrator: | | 8. Contract Type: | 8. Contract Type: | |
| Name: <u>Kurt Petgrave</u> | | Cost reimburs | Cost reimbursement Open-end | |
| Phone: <u>954-357-6793</u> | | Firm fixed pri | ce Time and materials | |
| | | Performance- | -based Other | |
| 9.a. Contract Value (new contracts) | | 9.b. Contract Value | 9.b. Contract Value (amendments only) | |
| Actual Estimated | | No change | Actual Estimated | |
| Base amount | \$3,000,000 | 0 | Original approved contract value | |
| Reimbursables | (|) | Approved previous adjustments | |
| Optional Services | (|) | Value of this action | |
| Total contract value | \$3,000,000 |) | Amended total contract value | |
| 10. Payment Method | 11. Payment Terms | | | |
| Lump Sum Payment | ARTICLE 6 COMPENSATION AND METHOD OF PAYMENT | | | |
| Milestone or Progress-Based | EXHIBIT B – PAYMENT SCHEDULE | | | |
| 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: 25% | | | | |
| b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: 30% | | | | |
| c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: N/A | | | | |
| 14. Renewal or Extension Terms: 15. Termination and Cancellation Provisions | | cellation Provisions | | |
| * | | | Cause: PER ARTICLE 9, COUNTY WITH THIRTY (30) DAYS NOTICE | |
| For Convenience: PER ARTICLE 9, COUNTY WITH THIRTY (30) DAYS NOTICE | | | RARTICLE 9, COUNTY WITH THIRTY (30) DAYS NOTICE | |
| 16. Deliverables, milestones or scope of this action: | | Architectural and/or engine basis. | tectural and/or engineering services for Transit shelter projects on a Work Authorization | |
| 17. List terms, considerations or deviations from standard county form. None | | | | |