



AGREEMENT SUMMARY

1. Other Contracting Party:
AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY, INC.

2. Proposed Action:
[X] New Contract [] Amendment, Number [] Renewal [] Extension

3. Document Type (select one):
Grant Agreement Local Match Funding For Senior Services

4. Purpose/Description:
For the provision of Broward County's Local "Fair Share" Match contribution to the Areawide Council on Aging of Broward County, Inc. (Council) to help the Council meet its cash match goal required to receive state and federal dollars that support services for Broward County Seniors.

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 Required: \$ _____ or _____ %
[] CBE Program [] Cash Match Required: \$ _____ or _____ %

6.a. Effective Dates (for new agreements only):
Start : 10/01/2019
End: 9/30/2020

6.b. Effective Dates (amendments only):
[] No Change
[] End date has changed from _____ to _____.
[] Term has from _____ to _____.

7. Contract Administrator:
Name: Andrea Busada
Phone: 954-357-6622

8. Contract Type:
[] Cost reimbursement [] Open-end
[X] Firm fixed price [] Time and materials
[] Performance-based [X] Other _____

9.a. Contract Value (new contracts)
[X] Actual [] Estimated
Table with columns for Contract Value components: Base amount (\$684,920), Reimbursables, Optional Services, Total contract value (\$684,920)

9.b. Contract Value (amendments only)
[] No change [] Actual [] Estimated
Table with columns for Contract Value components: Original approved contract value, Approved previous adjustments, Value of this action, Amended total contract value

10. Payment Method
[] Lump Sum Payment
[] Milestone or Progress-Based
[X] Scheduled or Time-Based
[] Other

11. Payment Terms
The Council may submit billing to the County at one ninth (1/9) of the Contract Amount and invoices shall be certified by authorized person as referenced in contract's Exhibit A: "Authorized Invoice Signatures".

12. Cost Adjustment
[X] 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: 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:
The Office of Economic and Small Business Development has not established goals on CDBE participation since the Council is a not-for-profit organization acting on behalf of the Florida Department of Elder Affairs and as such follows State of Florida's policies.

14. Renewal or Extension Terms:
NON RENEWABLE

15. Termination and Cancellation Provisions
For Cause:
BY THE AGGRIEVED PARTY IF THE BREACHING PARTY HAS NOT CORRECTED THE BREACH WITHIN TEN (10) DAYS AFTER WRITTEN NOTICE FROM THE AGGRIEVED PARTY IDENTIFYING THE BREACH.
For Convenience:
BY THE BOARD OF COUNTY COMMISSIONERS IN NO LESS THAN 30 DAYS AFTER THE TERMINATION DATE REFERRED IN WRITTEN NOTICE PROVIDED BY COUNTY.

16. Deliverables, milestones or scope of this action:	This is Local Match funding for the support of senior services coordinated by the local Areawide Council on Aging of Broward County, Inc. (AAA). The AAA receives federal and state dollars to provide an array of services to Broward's elders. Outcomes of the AAA's State of Florida mandated performance measures are reported to the Division.
17. List terms, considerations or deviations from standard county form.	N/A

Rev. 1/1/15