

	BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA AGREEMENT SUMMARY	EXHIBIT 1																
1. Other Contracting Party: South Florida Water Management Division (SFWMD)																		
2. Proposed Action: <input checked="" type="checkbox"/> New Contract <input type="checkbox"/> Amendment, Number <input type="checkbox"/> Renewal <input type="checkbox"/> Extension		3. Document Type (select one): Grant Agreement																
4. Purpose/Description: Grant award to support the NatureScape Residential Irrigation Rebate Program																		
5. Special Provisions (select if applicable): <table style="width:100%;"> <tr> <td><input type="checkbox"/> Living Wage Program</td> <td><input type="checkbox"/> SBE Sheltered Market Program</td> </tr> <tr> <td><input type="checkbox"/> Workforce Investment Pilot Program</td> <td><input type="checkbox"/> M/WBE Program</td> </tr> <tr> <td><input type="checkbox"/> Federal DBE/ACDBE program</td> <td><input type="checkbox"/> In-Kind Match Required: \$ _____ or _____%</td> </tr> <tr> <td><input type="checkbox"/> CBE Program</td> <td><input checked="" type="checkbox"/> Cash Match Required: \$ <u>100,000</u> or <u>50</u> %</td> </tr> </table>			<input type="checkbox"/> Living Wage Program	<input type="checkbox"/> SBE Sheltered Market Program	<input type="checkbox"/> Workforce Investment Pilot Program	<input type="checkbox"/> M/WBE Program	<input type="checkbox"/> Federal DBE/ACDBE program	<input type="checkbox"/> In-Kind Match Required: \$ _____ or _____%	<input type="checkbox"/> CBE Program	<input checked="" type="checkbox"/> Cash Match Required: \$ <u>100,000</u> or <u>50</u> %								
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6.a. Effective Dates (for new agreements only): Start : Upon execution by Broward County End: <u>December 31, 2022</u>		6.b. Effective Dates (amendments only): <input type="checkbox"/> No Change <input type="checkbox"/> End date has changed from _____ to _____. <input type="checkbox"/> Term has from _____ to _____.																
7. Contract Administrator: Name: Dr. Jennifer Jurado Phone: 954-519-1464		8. Contract Type: <input checked="" type="checkbox"/> Cost reimbursement <input type="checkbox"/> Open-end <input type="checkbox"/> Firm fixed price <input type="checkbox"/> Time and materials <input type="checkbox"/> Performance-based <input type="checkbox"/> Other _____																
9.a. Contract Value (new contracts) <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated <table style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: right;">Base amount</td><td></td></tr> <tr><td style="text-align: right;">Reimbursables</td><td style="text-align: right;">\$100,000</td></tr> <tr><td style="text-align: right;">Optional Services</td><td style="text-align: right;">0</td></tr> <tr><td style="text-align: right;">Total contract value</td><td style="text-align: right;">\$200,000</td></tr> </table>		Base amount		Reimbursables	\$100,000	Optional Services	0	Total contract value	\$200,000	9.b. Contract Value (amendments only) <input type="checkbox"/> No change <input type="checkbox"/> Actual <input type="checkbox"/> Estimated <table style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: right;">Original approved contract value</td><td></td></tr> <tr><td style="text-align: right;">Approved previous adjustments</td><td></td></tr> <tr><td style="text-align: right;">Value of this action</td><td></td></tr> <tr><td style="text-align: right;">Amended total contract value</td><td></td></tr> </table>	Original approved contract value		Approved previous adjustments		Value of this action		Amended total contract value	
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10. Payment Method <input checked="" type="checkbox"/> Lump Sum Payment <input type="checkbox"/> Milestone or Progress-Based <input type="checkbox"/> Scheduled or Time-Based <input type="checkbox"/> Other		11. Payment terms BROWARD MUST SUBMIT QUARTERLY STATUS REPORTS AS OUTLINED IN EXHIBIT C IN THE GRANT AGREEMENT. BEFORE NOVEMBER 30, 2022, BROWARD MUST ALSO PROVIDE A PROJECT SUMMARY FINAL REPORT AND A FINAL REIMBURSEMENT REQUEST WITH EXHIBIT D IN THE GRANT AGREEMENT.																
12. Cost Adjustment <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Fixed Percentage - ___% <input type="checkbox"/> Actual Cost <input type="checkbox"/> CPI or other Index <input type="checkbox"/> Fixed Amount - \$ _____ <input type="checkbox"/> 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: <u>N/A</u> c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: <u>N/A</u>																		
14. Renewal or Extension Terms: NOT APPLICABLE		15. Termination and Cancellation Provisions For Cause: FOR "MATERIAL BREACH" LISTED IN ARTICLE 6 For Convenience: WITH THIRTY DAYS WRITTEN NOTICE																
16. Deliverables, milestones or scope of this action:		See Statement of Work section, Exhibit A in Grant Agreement																
17. List terms, considerations or deviations from standard county form.		This agreement does not contain the County's standard contract terms and receipt of funds required the use of SFWMD's agreement. To receive and keep the grant funds, the County must meet deliverables and reporting and audit requirements.																