



AGREEMENT SUMMARY

1. Other Contracting Party:

FLORIDA NETWORK OF CHILDREN'S ADVOCACY CENTERS INC. (FNCAC)

2. Proposed Action:

New Contract Amendment, Number Renewal Extension

3. Document Type (select one):

Child Advocacy Trust Fund Award

4. Purpose/Description: Provides funding for additional therapeutic services for child abuse victims and their non-offending family member or caregiver by specialized trained counselors at the Nancy J. Cotterman Center (NJCC).

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 : July 1, 2019
End: June 30, 2020

6.b. Effective Dates (amendments only):

- No Change
 End date has changed from _____ to _____.
 Term has _____ from _____ to _____.

7. Contract Administrator:

Name: Carol Cook
Phone: 954-357-9590

8. Contract Type:

- Cost reimbursement Open-end
 Firm fixed price Time and materials
 Performance-based Other _____

9.a. Contract Value (new contracts)

Actual Estimated

Table with 2 columns: Description, Amount. Rows: Base amount (\$6,039), Reimbursables, Optional Services, Total contract value (\$6,039).

9.b. Contract Value (amendments only)

No change Actual Estimated

Table with 2 columns: Description, Amount. Rows: 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
 Scheduled or Time-Based
 Other

11. Payment Terms

The funder will issue the full lump sum payment upon completion of deliverables.

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: NA
b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: NA
c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: NA

14. Renewal or Extension Terms:

NONE

15. Termination and Cancellation Provisions

For Cause: NONE SPECIFIED
For Convenience: NONE SPECIFIED

16. Deliverables, milestones or scope of this action:

The performance measures include reporting the number of augmented and unduplicated units of service provided and number of victims of child abuse or their non-offending family members or caregivers served. The measures must be reported no later than the tenth day of each month. A final data report providing demographic data, year-to-date units of services provided, and number of clients served is required at the end of the grant period.

17. List terms, considerations or deviations from standard county form.

None.