



AGREEMENT SUMMARY

1. Other Contracting Party:

BROWARD BEHAVIORAL HEALTH COALITION, INC.

2. Proposed Action:

New Contract  Amendment, Number 1  Renewal  Extension

3. Document Type (select one):

Grant Agreement

4. Purpose/Description: Through Contract 34345-19, EVSD provides community-based older adult mental health services to eligible Broward County residents. This amendment decreases contract amount by \$66,565 to adjust grant funding based on the prior year's utilization of funds.

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 : \_\_\_\_\_
End: \_\_\_\_\_

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
 Firm fixed price  Time and materials
 Performance-based  Other \_\_\_\_\_

9.a. Contract Value (new contracts)

Table with 2 columns: Description, Value. Rows: Actual/Estimated, Base amount, Reimbursables, Optional Services, Total contract value.

9.b. Contract Value (amendments only)

Table with 2 columns: Description, Value. Rows: No change/Actual/Estimated, Original approved contract value (\$399,641), Approved previous adjustments, Value of this action (\$66,565), Amended total contract value (\$333,076).

10. Payment Method

- Lump Sum Payment
 Milestone or Progress-Based
 Scheduled or Time-Based
 Other

11. Payment Terms

BBHC reimburses County for the delivery of service units provided at a maximum monthly prorated amount equal to 1/12th of the total contract amount.

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: 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

14. Renewal or Extension Terms:

NON-RENEWABLE

15. Termination and Cancellation Provisions

By BBHC: a) Without cause, upon no less than 30 calendar days written notice, sooner if mutually agreed; b) Upon no less than 24 hours written notice, if BBHC determines that payment funds are unavailable; and c) Upon no less than 24 hours written notice, if County fails to comply or to cure noncompliance of contractual terms and conditions.
By COUNTY: a) Upon 90 days written notice, if funds become unavailable; b) Upon 30 days written notice, in the event of material breach by BBHC.

16. Deliverables, milestones or scope of this action:

Monthly provision of behavioral health services to eligible individuals.

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

This Amendment to a Grant Agreement is in the Broward Behavioral Health Coalition (BBHC) standard contract format. BBHC will sign last following County's approval and signature.