



AGREEMENT SUMMARY

1. Other Contracting Party:

Broward County Clerk of Courts

2. Proposed Action:

Proposed Action: [] New Contract [] Amendment, Number [x] Renewal [] Extension

3. Document Type (select one):

Interlocal Agreement

4. Purpose/Description:

The Clerk of Courts will participate in Broward County's workers' compensation coverage and excess workers' compensation coverage on the same basis and upon the same terms, conditions, benefits, and duties as County employees.

5. Special Provisions (select if applicable):

Special Provisions: [] 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: 10/01/2020 End: 09/30/2023

6.b. Effective Dates (amendments only):

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

7. Contract Administrator:

Name: Wayne Fletcher Phone: 954-357-7203

8. Contract Type:

Contract Type: [x] Cost reimbursement [] Open-end [] Firm fixed price [] Time and materials [] Performance-based [] Other

9.a. Contract Value (new contracts)

9.a. Contract Value (new contracts): [] Actual [x] Estimated. Table with columns: Base amount, Reimbursables, Optional Services, Total contract value.

9.b. Contract Value (amendments only)

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

10. Payment Method

Payment Method: [] Lump Sum Payment [] Milestone or Progress-Based [x] Scheduled or Time-Based [] Other

11. Payment Terms

First of each month for each quarter (October 1, January 1, April 1, and July 1)

12. Cost Adjustment

Cost Adjustment: [x] Not Applicable [] Fixed Percentage - ___% [] Actual Cost [] CPI or other Index [] Fixed Amount - \$ ___ [] Other:

13. Equity Program Participation Summary

Equity Program Participation Summary: a. County established M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal for this action or project: ___ b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: ___ c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: ___

14. Renewal or Extension Terms:

Three-year original term with two one-year renewal options.

15. Termination and Cancellation Provisions

Termination and Cancellation Provisions: For Cause: None. For Convenience: By giving written notice no later than August 1st in the year of the current term.

16. Deliverables, milestones, or scope of this action: Provides workers' compensation coverage and excess workers' compensation coverage.

17. List terms, considerations, or deviations from standard county form. None