



AGREEMENT SUMMARY

1. Other Contracting Party:

AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY, Inc. ("Areawide Council")

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:

Areawide Council requests "fair-share" matching funds from Broward County ("County") and local municipalities to obtain federal and state funding for local senior services. The County has traditionally contributed 100% of the "fair-share" as requested by Areawide Council. This local match Agreement of \$684,920 represents the requested contribution.

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 : 10/01/2020
End: 09/30/2021

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: 954-357-8818

8. Contract Type:

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

9.a. Contract Value (new contracts)

[X] Actual [] Estimated
Table with columns for Contract Value components and Total contract value (\$684,920)

9.b. Contract Value (amendments only)

[] No change [] Actual [] Estimated
Table with columns for Contract Value components and 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:
THE AGGRIEVED PARTY MAY TERMINATE AND CANCEL AGREEMENT FOR CAUSE 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:

	THE COUNTY MAY TERMINATE AND CANCEL THE AGRREMENT FOR CONVENIENCE NO LESS THAN 30 DAYS AFTER THE TERMINATION DATE REFERRED TO IN THE WRITTEN NOTICE PROVIDED BY THE COUNTY.
16. Deliverables, milestones or scope of this action:	This Local Match funding is coordinated by the Areawide Council, which receives federal and state dollars to fund the provision of services to County's elders. Arewide Council shall report to County outcomes/performance measures as per Agreement.
17. List terms, considerations or deviations from standard county form.	N/A

Rev. 1/1/15