



AGREEMENT SUMMARY

EXHIBIT 1

1. Other Contracting Party:

FLORIDA INTERNATIONAL COLLEGE OF PUBLIC HEALTH

2. Proposed Action:

☒ New Contract ☐ Amendment, Number ☐ Renewal
☐ Extension

3. Document Type (select one):

Affiliation Agreement

4. Purpose/Description:

This Affiliation Agreement with Florida International University will allow degree-seeking students enrolled in FIU's College of Public Health to participate in the Human Services Department's University Student Practicum Program.

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 : Upon Execution
End: Five (5) years from date of execution

6.b. Effective Dates (amendments only):

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

7. Contract Administrator:

Name: Keith Bostick

Phone: 954-357-6385

8. Contract Type:

☐ Cost reimbursement ☐ Open-end
☐ Firm fixed price ☐ Time and materials
☐ Performance-based ☒ Other NON-MONETARY AGREEMENT

9.a. Contract Value (new contracts)☐ Actual ☐ Estimated

Base amount	
Reimbursables	0
Optional Services	0
Total contract value	

9.b. Contract Value (amendments only)☐ No change ☐ Actual ☐ Estimated

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

N/A

12. Cost Adjustment

☒ Not Applicable ☐ Fixed Percentage - ____% ☐ Actual Cost
☐ CPI or other Index ☐ Fixed Amount - \$ _____ ☐ Other:

13. Equity Program Participation Summarya. County established M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal for this action or project: N/Ab. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: N/Ac. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: N/A**14. Renewal or Extension Terms:****15. Termination and Cancellation Provisions**

AGREEMENT SHALL BE EFFECTIVE FOR FIVE (5) YEARS FROM DATE OF EXECUTION.

For Cause: THIS AGREEMENT MAY BE TERMINATED WITHIN 30 DAYS' NOTICE FOR CAUSE BY EITHER PARTY.

For Convenience: THIS AGREEMENT MAY BE TERMINATED WITHIN 30 DAYS' NOTICE FOR CAUSE BY EITHER PARTY.

16. Deliverables, milestones or scope of this action:

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

Not applicable