



AGREEMENT SUMMARY

1. Other Contracting Party:

FLORIDA NETWORK OF CHILDREN'S ADVOCACY CENTERS INC.

2. Proposed Action:

[X] New Contract [] Amendment, Number [] Renewal [] Extension

3. Document Type (select one):

License Plate and Voluntary Contributions Award

4. Purpose/Description:

Funds training for staff providing prevention and intervention services for child victims of physical and sexual abuse.

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, 2020
End: June 30, 2021

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
[X] Firm fixed price [] Time and materials
[] Performance-based [] Other _____

9.a. Contract Value (new contracts)

[X] Actual [] Estimated
Base amount \$5,727
Reimbursables
Optional Services
Total contract value \$5,727

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

[X] Lump Sum Payment
[] Milestone or Progress-Based
[] Scheduled or Time-Based
[] Other

11. Payment Terms

Payment under the terms of this agreement is made upon execution of the agreement for the full amount.

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: 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 type of prevention and intervention services provided and the number of children receiving those services, and type of equipment purchased or trainings attended.

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

None