1. Other Contracting Party:
- **BROWARD SHERIFF’S OFFICE**

2. Proposed Action:
- **X** New Contract  
- [ ] Amendment, Number  
- [ ] Renewal  
- [ ] Extension

3. Document Type (select one):
- Contractual Services Agreement

4. Purpose/Description:
This agreement funds substance abuse treatment services provided by the Broward Addiction Recovery Center for eligible participants in the Adult Post-Adjudicatory Drug Court Expansion Program.

5. Special Provisions (select if applicable):
- [ ] Living Wage Program  
- [ ] Workforce Investment Pilot Program  
- [ ] Federal DBE/ACDBE program  
- [ ] CBE Program  
- [ ] SBE Sheltered Market Program  
- [ ] MWBE Program  
- [ ] In-Kind Match Required: $___ or ___%  
- [ ] Cash Match Required: $___ or ___%

6. Effective Dates (for new agreements only):
- **Start:** July 1, 2018  
- **End:** June 30, 2019

7. Contract Administrator:
- **Name:** William Card  
- **Phone:** 954-357-4860

8. Contract Type:
- [ ] Cost reimbursement  
- [ ] Open-end  
- [ ] Firm fixed price  
- [ ] Time and materials  
- [X] Performance-based  
- [ ] Other_____

9. Contract Value (new contracts):
- **Actual**  
  - Base amount: $105,000

10. Payment Method:
- [ ] Lump Sum Payment  
- [ ] Milestone or Progress-Based  
- [X] Scheduled or Time-Based  
- [ ] Other

11. Payment Terms:
- Monthly payment for unit cost of substance abuse treatment services provided to program eligible clients.

12. Cost Adjustment:
- [ ] Not Applicable  
- [ ] CPI or other Index  
- [X] Fixed Percentage - ___%  
- [ ] Fixed Amount - $___  
- [ ] Actual Cost  
- [ ] Other: Availability of Funding

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:
- **4 ONE-YEAR RENEWAL OPTIONS**

15. Termination and Cancellation Provisions:
- FOR CAUSE: 10 DAYS WRITTEN NOTICE FROM EITHER PARTY  
- FOR CONVENIENCE: 30 DAYS WRITTEN NOTICE FROM EITHER PARTY

16. Deliverables, milestones or scope of this action:
- Monthly provision of substance abuse services to program eligible residents of Broward County.

17. List terms, considerations or deviations from standard county form:
- Agreement prepared by Broward Sheriff’s Office

Rev. 1/1/15