### BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA

**AGREEMENT SUMMARY**

#### 1. Other Contracting Party:
- **American Flight Training, LLC**

#### 2. Proposed Action:
- [x] New Contract
- [ ] Amendment, Number
- [ ] Renewal
- [ ] Extension

#### 3. Document Type (select one):
- LEASE AGREEMENT

#### 4. Purpose/Description:
- Approval of an Agreement of Lease between American Flight Training LLC, and Broward County.

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

#### 6a. Effective Dates (for new agreements only):
- **Start**: 06.12.2018
- **End**: 06.12.2048

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

#### 7. Contract Administrator:
- **Name**: Nina MacPherson
- **Phone**: 954-359-1016

#### 8. Contract Type:
- [ ] Cost reimbursement
- [ ] Open-end
- [ ] Firm fixed price
- [ ] Time and materials
- [ ] Performance-based
- [ ] Other: LEASE AGREEMENT

#### 9a. Contract Value (new contracts)
- [ ] Actual
- [x] Estimated

<table>
<thead>
<tr>
<th>Base amount</th>
<th>Reimbursables</th>
<th>Optional Services</th>
<th>Total contract value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$5,271,510</td>
</tr>
</tbody>
</table>

#### 9b. Contract Value (amendments only)
- [ ] No change
- [ ] Actual
- [ ] Estimated

<table>
<thead>
<tr>
<th>Original approved contract value</th>
<th>Approved previous adjustments</th>
<th>Value of this action</th>
<th>Amended total contract value</th>
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<tbody>
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</table>

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

#### 11. Payment Terms
- The rent for the lease agreement is subject to 3% or CPI adjustment each year.

#### 12. Cost Adjustment
- [ ] Not Applicable
- [ ] Fixed Percentage - ____%
- [ ] Fixed Amount - $$____
- [ ] Actual Cost
- [ ] 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: **N/A**

#### 14. Renewal or Extension Terms:
- **N/A**

#### 15. Termination and Cancellation Provisions

For Cause: WRITTEN NOTICE OF TERMINATION BY COUNTY

For Convenience: WRITTEN NOTICE OF TERMINATION BY COUNTY

#### 16. Deliverables, milestones or scope of this action:
- Lease Agreement

#### 17. List terms, considerations or deviations from standard county form.
- **N/A**

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*Rev. 1/1/15*