1. Other Contracting Party:

**SAGOMA CONSTRUCTION SERVICES, INC. (SAGOMA)**

2. Proposed Action:

- [ ] New Contract  
- [x] Amendment, Number 4  
- [ ] Renewal  
- [ ] Extension

3. Document Type (select one):

- Amendment

4. Purpose/Description:

**Provide rehabilitation services in Margate and Weston for division programs**

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: ______
- End: ______

6. Effective Dates (amendments only):

- [x] No Change
- [ ] End date has changed from 6/30/2019 to 12/31/2019.
- [ ] Term has from ______ to ______.

7. Contract Administrator:

- Name: Ralph Stone
- Phone: 954-357-5320

8. Contract Type:

- [x] Cost reimbursement
- [ ] Open-end
- [ ] Firm fixed price
- [ ] Time and materials
- [ ] Performance-based
- [ ] Other____

9. Contract Value (new contracts)

<table>
<thead>
<tr>
<th></th>
<th>Estimated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>1,301,000.00</td>
</tr>
<tr>
<td></td>
<td>Base amount</td>
</tr>
<tr>
<td></td>
<td>Reimbursables</td>
</tr>
<tr>
<td></td>
<td>Optional Services</td>
</tr>
<tr>
<td>Total contract value</td>
<td>$1,301,000.00</td>
</tr>
</tbody>
</table>

9. Contract Value (amendments only)

<table>
<thead>
<tr>
<th></th>
<th>Estimated</th>
</tr>
</thead>
<tbody>
<tr>
<td>No change</td>
<td>1,989,063</td>
</tr>
<tr>
<td>Actual</td>
<td>418,080</td>
</tr>
<tr>
<td>Approved previous adjustments</td>
<td>1,989,063</td>
</tr>
<tr>
<td>Value of this action</td>
<td>418,080</td>
</tr>
<tr>
<td>Amended total contract value</td>
<td>$3,708,143</td>
</tr>
</tbody>
</table>

10. Payment Method

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

11. Payment Terms

- Reimbursement

12. Cost Adjustment

- [x] Not Applicable
- [ ] Fixed Percentage - ____%
- [ ] 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: ______
- b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: ______
- c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: > 75%

14. Renewal or Extension Terms:

**EXTENDED THROUGH 12/31/2019**


- For Cause: X
- For Convenience: X

16. Deliverables, milestones or scope of this action:

- Rehabilitation services for Margate and Weston for division programs

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

None

Rev. 1/1/15