



AGREEMENT SUMMARY

1. NAME OF OTHER CONTRACTING PARTY: North Broward Hospital District

2. PROPOSED ACTION: [X] NEW [] AMENDMENT, NUMBER [] RENEWAL [] EXTENSION

3. DOCUMENT: Other

4. PURPOSE: New agreement (10-HCS-8266-01) for the provision of primary care services to indigent residents.

5. SPECIAL PROVISIONS (select if applicable)

- [] LIVING WAGE COVERED SERVICE: [] M/WBE PROGRAM COVERED CONTRACT
[] SBE SHELTERED MARKET PROGRAM COVERED CONTRACT [] IN-KIND MATCH OF \$ OR % REQUIRED
[] FEDERAL DBE PROGRAM COVERED CONTRACT [] CASH MATCH OF \$ OR % REQUIRED.

6. EFFECTIVE DATE (new)

- [] UPON EXECUTION
[X] DATE: 10/1/2009
[] SPECIFIC EVENT:

7. END DATE (new)

- [X] DATE: 9/30/10
[] SPECIFIC EVENT:

8. EFFECTIVE DATES (amendments only)

- [] NO CHANGE
[] END DATE HAS CHANGED FROM TO
[] TERM FROM TO

9. CONTRACT ADMINISTRATOR

NAME: Audrey Cohen
PHONE: 954-357-5384

10. CONTRACT TYPE

- [] COST REIMBURSEMENT [] OPEN-END
[] FIRM FIXED PRICE [] TIME AND MATERIALS
[] INCENTIVE/PERFORMANCE [X] OTHER

11. CONTRACT VALUE (new contracts)

- [X] ACTUAL [] ESTIMATED
Base amount \$0.00
Reimbursables
Optional Services \$0.00
Total contract value \$8,713,247.00

12. CONTRACT VALUE (amendments only)

- [X] ACTUAL [] ESTIMATED
Original approved contract value
Approved previous adjustments
Value of this action
Amended total contract value

13. PAYMENT METHOD

- [] ADVANCE PAYMENT [X] SCHEDULED OR TIME-BASED
[] LUMP SUM PAYMENT [] OTHER
[] MILESTONE / PROGRESS BASED

14. PAYMENT TERMS

annual invoice

15. COST ADJUSTMENT

- [] NOT APPLICABLE [] FIXED PERCENTAGE % [] ACTUAL COST
[] CPI OR OTHER INDEX [] FIXED COST \$ [] OTHER

16. MINORITY/WOMEN BUSINESS ENTERPRISE / DISADVANTAGED BUSINESS ENTERPRISE PARTICIPATION SUMMARY

Total County established MWBE or DBE participation goal for this action or project: N/A
Total contractor-committed MWBE or DBE participation goal planned for this action or project: N/A
MWBE or DBE participation to date: N/A

17. RENEWAL OR EXTENSION TERMS

one optional one year renewal period

18. TERMINATION AND CANCELLATION PROVISIONS

FOR CAUSE: by action of either party if the party in breach has not corrected the breach within thirty (30) days after written notice
FOR CONVENIENCE: by either the either party at any time for convenience upon ninety (90) days prior written notice to the other party.

19. DELIVERABLES, MILESTONES OR SCOPE OF THIS ACTION

This agreement contains outcomes as indicators of performance. These are listed in Exhibit 3

20. LIST TERMS, CONSIDERATIONS OR DEVIATIONS FROM STANDARD COUNTY FORM.

This agreement allows for the Hospital District to submit Audited Financial Statements 270 days after close of North Broward Hospital District's Fiscal Year.