

AGREEMENT SUMMARY

NAME OF OTHER CONTRACTING PARTY
 FLORIDA NETWORK OF CHILDREN'S ADVOCACY CENTERS

PROPOSED ACTION **DOCUMENT TYPE**
 NEW ITEM AMENDMENT, NUMBER RENEWAL EXTENSION **Agreement**

PURPOSE
 Provides funding to purchase therapeutic and office supplies in support of services for child abuse victims and/or their non-offending family members at the Sexual Assault Treatment Center.

SPECIAL PROVISIONS (select if applicable)

<input type="checkbox"/> LIVING WAGE PROGRAM	<input type="checkbox"/> CBE PROGRAM
<input type="checkbox"/> SBE SHELTERED MARKET PROGRAM	<input type="checkbox"/> M/WBE PROGRAM
<input type="checkbox"/> FEDERAL DBE PROGRAM	<input type="checkbox"/> REQUIRES IN-KIND MATCH: \$ OR %
<input type="checkbox"/> CDBE PROGRAM	<input type="checkbox"/> REQUIRES CASH MATCH: \$ OR %

EFFECTIVE DATES (new agreements only) START: Upon Execution END: 06/30/11	EFFECTIVE DATES (amendments only) <input type="checkbox"/> NO CHANGE <input type="checkbox"/> END DATE HAS CHANGED FROM TO . <input type="checkbox"/> TERM HAS FROM TO .
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CONTRACT ADMINISTRATOR NAME: Nancy J. Cotterman, Section Manager II PHONE: 954-765-4159	CONTRACT TYPE <input type="checkbox"/> COST REIMBURSEMENT <input type="checkbox"/> OPEN-END <input type="checkbox"/> FIRM FIXED PRICE <input type="checkbox"/> TIME AND MATERIALS <input type="checkbox"/> PERFORMANCE BASED <input type="checkbox"/> OTHER
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CONTRACT VALUE (new contracts) <input checked="" type="checkbox"/> ACTUAL <input type="checkbox"/> ESTIMATED Base amount \$2,250.00 Reimbursables Optional Services Total contract value \$2,250.00	CONTRACT VALUE (amendments only) <input type="checkbox"/> NO CHANGE <input type="checkbox"/> ACTUAL <input type="checkbox"/> ESTIMATED Original approved contract value Approved previous adjustments Value of this action Amended total contract value
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PAYMENT METHOD <input checked="" type="checkbox"/> LUMP SUM PAYMENT <input type="checkbox"/> MILESTONE / PROGRESS BASED <input type="checkbox"/> SCHEDULED OR TIME-BASED <input type="checkbox"/> OTHER	PAYMENT TERMS Payment in full is made upon execution of the agreement.
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COST ADJUSTMENT

<input checked="" type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> FIXED PERCENTAGE %	<input type="checkbox"/> ACTUAL COST
<input type="checkbox"/> CPI OR OTHER INDEX	<input type="checkbox"/> FIXED COST \$	<input type="checkbox"/> OTHER

EQUITY PROGRAM PARTICIPATION SUMMARY

Total County established M/WBE, SBE, CDBE, CBE, or DBE participation goal for this action or project: N/A

Total contractor-committed M/WBE, SBE, CDBE, CBE, or DBE participation goal planned for this action or project: N/A

M/WBE, SBE, CDBE, CBE, or DBE participation to date: N/A

RENEWAL OR EXTENSION TERMS NONE	TERMINATION AND CANCELLATION PROVISIONS FOR CAUSE: NOT SPECIFIED FOR CONVENIENCE: NOT SPECIFIED
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DELIVERABLES, MILESTONES OR SCOPE OF THIS ACTION Not specified.

LIST TERMS, CONSIDERATIONS OR DEVIATIONS FROM STANDARD COUNTY FORM. N/A