



AGREEMENT SUMMARY

EXHIBIT 1A

NAME OF OTHER CONTRACTING PARTY

STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION (AHCA)

PROPOSED ACTION

☒ NEW ITEM ☐ AMENDMENT, NUMBER ☐ RENEWAL ☐ EXTENSION

DOCUMENT TYPE

Letter of Agreement

PURPOSE

Allows Broward County to provide Medicaid Low Income Pool Match funding in the amount of \$56,937 to AHCA for the total disbursement of \$137,762 for Broward Community Family Health Center, Inc. for the purpose of serving Medicaid, uninsured and under insured patients

SPECIAL PROVISIONS (select if applicable)

☐ LIVING WAGE PROGRAM☐ SBE SHELTERED MARKET PROGRAM☐ FEDERAL DBE/ACDBE PROGRAM☐ CDBE PROGRAM☐ CBE PROGRAM☐ M/WBE PROGRAM☐ REQUIRES IN-KIND MATCH: \$ OR %☐ REQUIRES CASH MATCH: \$ OR %

EFFECTIVE DATES (new agreements only)

START: 7/1/13

END: 6/30/14

EFFECTIVE DATES (amendments only)

☐ NO CHANGE☐ END DATE HAS CHANGED FROM TO☐ TERM HAS FROM TO

CONTRACT ADMINISTRATOR

NAME: William E. Green

PHONE: 954-357-5398

CONTRACT TYPE

☐ COST REIMBURSEMENT☐ OPEN-END☒ FIRM FIXED PRICE☐ TIME AND MATERIALS☐ PERFORMANCE BASED☐ OTHER

CONTRACT VALUE (new contracts)

☒ ACTUAL☐ ESTIMATED

Base amount \$56,937.00

Reimbursables

Optional Services

Total contract value \$56,937.00

CONTRACT VALUE (amendments only)

☐ NO CHANGE☐ ACTUAL☐ ESTIMATED

Original approved contract value

Approved previous adjustments

Value of this action

Amended total contract value

PAYMENT METHOD

☒ LUMP SUM PAYMENT☐ MILESTONE / PROGRESS BASED☐ SCHEDULED OR TIME-BASED☐ OTHER

PAYMENT TERMS

Single Payment in Full

COST ADJUSTMENT

☒ NOT APPLICABLE☐ FIXED PERCENTAGE %☐ ACTUAL COST☐ CPI OR OTHER INDEX☐ FIXED COST \$☐ OTHER

EQUITY PROGRAM PARTICIPATION SUMMARY

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

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

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

RENEWAL OR EXTENSION TERMS

None

TERMINATION AND CANCELLATION PROVISIONS

FOR CAUSE: N/A

FOR CONVENIENCE: If the Agency fails to submit full payment to Broward Community and Family Health Centers within 45 calendar days of receipt of the County's IGT payment, the Agency will refund to County the full amount of the IGT payment if no payment has been made or the appropriate portion of the IGT payment if a partial payment has been made. The refund to County of the IGT payment shall immediately terminate this Letter of Agreement.

DELIVERABLES, MILESTONES OR SCOPE OF THIS ACTION	None
LIST TERMS, CONSIDERATIONS OR DEVIATIONS FROM STANDARD COUNTY FORM.	This agreement is in the State of Florida's contract format. It does not contain a reference to the County's standard venue provision.