AGREEMENT SUMMARY Extent of the contracting party NAME OF OTHER CONTRACTING PARTY STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION (AHCA) PROPOSED ACTION provide Medicaid Low Income Pool Match funding in the amount of \$56,937 to AHCA for the total disburgement of \$137,762 for Broward Community Family Health Center, Inc. for the purpose of serving Medicaid, uninsured and under insured patients SPECIAL FOOVENDS (select if applicable)	BROWARD BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA					
STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION (AHCA) PROPOSE ACTION DOCUMENT TYPE NEW TIEM AKENOMENT, NUMBER EXTENSION Letter of Agreement Extension 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 PROVINS (select Tigoproted Patients Move Broogram DEE PROGRAM Best Enterend Market PROGRAM DEE PROGRAM Best PROGRAM Best Enterend Market PROGRAM REQUIRES NEWNIN MATCH: \$ OR % OR % EFFECTIVE DATES (new agreements only) EFFECTIVE DATES (amendments only) STAT: 7/1/13 BROW: William E. Green CONTRACT ADMINISTRATOR CONTRACT TYPE NAME: William E. Green CONTRACT VALUE (new contracts) CONTRACT VALUE (new contracts) CONTRACT VALUE (new contracts) CONTRACT VALUE (new contracts) CONTRACT VALUE (new contracts) CONTRACT VALUE (new contracts) CONTRACT VALUE (new contracts) CONTRACT VALUE (new contracts) CONTRACT VALUE (new contracts) S56,937.00 Amended total contract value Approved previous adjustiments Optional Services		AGREEMENT SUMMARY EXHIBIT 1A			EXHIBIT 1A	
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	None	FOR CAUSE: N/A	R CAUSE: N/A			
Broward Community and Family Health Centers within 45						
		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			gency will refund to County the full amount of the IGT			
payment if no payment has been made or the appropriate			ment if no payment has been made or the appropriate			
portion of the IGT payment if a partial payment has been made.			portion of the IGT	payment if a partial payr	ment has been made.	
The refund to County of the IGT payment shall immediately terminate this Letter of Agreement.					snall immediately	

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.

Rev. 10/2/12