



BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA

AGREEMENT SUMMARY

EXHIBIT 1

NAME OF OTHER CONTRACTING PARTY

DELTA AIR LINES, INC.

PROPOSED ACTION

☐ NEW ITEM ☒ AMENDMENT, NUMBER 1 ☐ RENEWAL ☐ EXTENSION

DOCUMENT TYPE

Signatory Terminal Building Lease Agreement Addendum

PURPOSE

Provides for design, construction and installation of an In-Line Baggage System in Terminal 2 at the Fort Lauderdale-Hollywood International Airport.

SPECIAL PROVISIONS (select if applicable)

<input type="checkbox"/> LIVING WAGE PROGRAM	<input checked="" type="checkbox"/> CBE PROGRAM
<input type="checkbox"/> SBE SHELTERED MARKET PROGRAM	<input type="checkbox"/> M/WBE PROGRAM
<input type="checkbox"/> FEDERAL DBE/ACDBE 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)

EFFECTIVE DATES (amendments only)

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

CONTRACT ADMINISTRATOR

NAME: MARC GAMBRILL, P.E., DIRECTOR
PHONE: 954-359-2343

CONTRACT TYPE

<input checked="" 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

CONTRACT VALUE (new contracts)

<input type="checkbox"/> ACTUAL	<input type="checkbox"/> ESTIMATED
Base amount	
Reimbursables	
Optional Services	
Total contract value	

CONTRACT VALUE (amendments only)

<input type="checkbox"/> NO CHANGE	<input type="checkbox"/> ACTUAL	<input checked="" type="checkbox"/> ESTIMATED
Original approved contract value		\$33,000,000.00
Approved previous adjustments		
Value of this action		\$9,000,000.00
Amended total contract value		\$42,000,000.00

PAYMENT METHOD

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

PAYMENT TERMS

Monthly pay requests based on construction progress.

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 \$	

EQUITY PROGRAM PARTICIPATION SUMMARY

Total County established M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal for this action or project:	22%
Total contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project:	22%
M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date:	31.92%

RENEWAL OR EXTENSION TERMS

N/A

TERMINATION AND CANCELLATION PROVISIONS

FOR CAUSE: UPON WRITTEN NOTICE OF FAILURE TO CURE BREACH, THIRTY (30) DAYS FOLLOWING THE CURE PERIOD.
FOR CONVENIENCE: NONE

DELIVERABLES, MILESTONES OR SCOPE OF THIS ACTION

Completion of a TSA certified baggage handling system.

LIST TERMS, CONSIDERATIONS OR DEVIATIONS FROM STANDARD COUNTY FORM.

N/A