



AGREEMENT SUMMARY

1. Other Contracting Party:

STATE OF FLORIDA, DEPARTMENT OF HEALTH

2. Proposed Action:

[X] New Contract [] Amendment, Number [] Renewal [] Extension

3. Document Type (select one):

Grant Agreement

4. Purpose/Description:

Agreement BW703 provides funding of \$166,500 for the provision of assessment, detoxification, and residential substance abuse treatment services for Ryan White Part B eligible HIV positive residents of Broward County who are 18 years and older. This agreement has three 1-year options for renewal.

5. Special Provisions (select if applicable):

[] Living Wage Program [] SBE Sheltered Market Program
[] Workforce Investment Pilot Program [] M/WBE Program
[] Federal DBE/ACDBE program [] In-Kind Match Required: \$ 0 or ___ %
[] CBE Program [] Cash Match Required: \$ 0 or ___ %

6.a. Effective Dates (for new agreements only):

Start : at execution
End: 3/31/18

6.b. Effective Dates (amendments only):

[] No Change
[] End date has changed from ___ to ___.
[] Term has from to .

7. Contract Administrator:

Name: Jasmine Bascombe, Acting Director
Phone: 954-357-4860

8. Contract Type:

[] Cost reimbursement [] Open-end
[] Firm fixed price [] Time and materials
[X] Performance-based [] Other

9.a. Contract Value (new contracts)

[X] Actual [] Estimated
Base amount \$166,500
Reimbursables
Optional Services
Total contract value 166,500

9.b. Contract Value (amendments only)

[] No change [] Actual [] Estimated
Original approved contract value
Approved previous adjustments
Value of this action
Amended total contract value

10. Payment Method

[] Lump Sum Payment
[X] Milestone or Progress-Based
[] Scheduled or Time-Based
[] Other

11. Payment Terms

Monthly reimbursement at the contracted unit rate for the actual number of service units delivered to clients during the billing period.

12. Cost Adjustment

[X] Not Applicable [] Fixed Percentage - ___% [] Actual Cost
[] CPI or other Index [] Fixed Amount - \$ ___ [] Other:

13. Equity Program Participation Summary

a. County established M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal for this action or project: N/A
b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: N/A
c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: N/A

14. Renewal or Extension Terms:

THIS AGREEMENT HAS THREE 1-YEAR RENEWAL OPTIONS.

15. Termination and Cancellation Provisions

For Cause or Lack of Funds: 24 HOURS NOTICE FROM FDOH TO COUNTY
For Convenience: 30 CALENDAR DAYS WRITTEN NOTICE FROM EITHER PARTY

16. Deliverables, milestones or scope of this action:

Monthly provision of substance abuse services eligible for reimbursement.

17. List terms, considerations or deviations from standard county form.

Contract prepared by Florida Department of Health on State Standard Contract Form.