



AGREEMENT SUMMARY

1. Other Contracting Party:
Ann Storck Center, Inc.

2. Proposed Action:
[X] New Contract [] Amendment, Number [] Renewal [] Extension

3. Document Type (select one):
Two Party Agreement

4. Purpose/Description:
Provides Paratransit Transportation Services throughout the Broward County Service Area.

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: \$ _____ or _____ %
[] CBE Program [] Cash Match Required: \$ _____ or _____ %

6.a. Effective Dates (for new agreements only):
Start : June 1, 2017
End: December 31, 2019

6.b. Effective Dates (amendments only):
[] No Change
[] End date has changed from _____ to _____.
[] Term has from _____ to _____.

7. Contract Administrator:
Name: Paul Strobis
Phone: 954-357-8487

8. Contract Type:
[] Cost reimbursement [X] Open-end
[] Firm fixed price [] Time and materials
[] Performance-based [] Other _____

9.a. Contract Value (new contracts)
Table with 2 columns: Description, Amount. Rows include Base amount (401,350.15), Reimbursables, Optional Services, Total contract value (401,350.15).

9.b. Contract Value (amendments only)
Table with 2 columns: Description, Amount. Rows include Original approved contract value, Approved previous adjustments, Value of this action, Amended total contract value.

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

11. Payment Terms
Monthly

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:
THREE ONE YEAR RENEWALS

15. Termination and Cancellation Provisions
For Cause: 10 DAYS NOTICE
For Convenience: 30 DAYS NOTICE

16. Deliverables, milestones or scope of this action:
None

17. List terms, considerations or deviations from standard county form.
None