



AGREEMENT SUMMARY

1. Other Contracting Party:

Lucanus Development Center, Inc.

2. Proposed Action:

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 Open-end
 Firm fixed price Time and materials
 Performance-based Other _____

9.a. Contract Value (new contracts)

| | | |
|---------------------------------|---|---------------------|
| <input type="checkbox"/> Actual | <input checked="" type="checkbox"/> Estimated | |
| | Base amount | 3,301,701.50 |
| | Reimbursables | |
| | Optional Services | |
| | Total contract value | 3,301,701.50 |

9.b. Contract Value (amendments only)

| | | |
|------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> No change | <input type="checkbox"/> Actual | <input type="checkbox"/> Estimated |
| | 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
 Other

11. Payment Terms

Monthly

12. Cost Adjustment

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