



AGREEMENT SUMMARY

1. Other Contracting Party:

United Cerebral Palsy of Broward, Palm Beach, and Mid-Coast Counties, 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)

Table with 2 columns: Description, Value. Rows include Actual/Estimated checkboxes, Base amount (146,289), Reimbursables, Optional Services, Total contract value (146,289).

9.b. Contract Value (amendments only)

Table with 2 columns: Description, Value. Rows include No change/Actual/Estimated checkboxes, 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