



BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA

AGREEMENT SUMMARY

EXHIBIT 1

1. Other Contracting Party:

CLIFF BERRY, INC.

2. Proposed Action:

☒ New Contract ☐ Amendment, Number ☐ Renewal ☐ Extension

3. Document Type (select one):

Franchise Agreement

4. Purpose/Description:

To allow applicant to provide vessel sanitary waste water removal services at Port Everglades.

5. Special Provisions (select if applicable): N/A

<input type="checkbox"/> Living Wage Program	<input type="checkbox"/> SBE Sheltered Market Program
<input type="checkbox"/> Workforce Investment Pilot Program	<input type="checkbox"/> M/WBE Program
<input type="checkbox"/> Federal DBE/ACDBE program	<input type="checkbox"/> In-Kind Match Required: \$ _____ or _____ %
<input type="checkbox"/> CBE Program	<input type="checkbox"/> Cash Match Required: \$ _____ or _____ %

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

Start : 8/15/2017

/End: 8/14/2018

6.b. Effective Dates (amendments only):

☐ No Change
☐ End date has changed from _____ to _____.
☐ Term has from _____ to _____.

7. Contract Administrator:

Name: Jorge Hernández

Phone: 954-468-3501

8. Contract Type:

<input 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 _____

9.a. Contract Value (new contracts)

☒ Actual ☐ Estimated

Base amount	\$6,250
Reimbursables	
Optional Services	
Total contract value	\$6,250

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
☐ Milestone or Progress-Based
☐ Scheduled or Time-Based
☒ Other

11. Payment Terms

Applicant has paid the required application fee of \$4,000 and annual franchise fee of \$2,250 for a total of \$6,250 for the proposed one year term.

12. 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 Amount - \$ _____	<input type="checkbox"/> 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:

N/A

15. Termination and Cancellation Provisions

For Cause: SEE SECTIONS 32.28 AND 32.29 OF BROWARD COUNTY ADMINISTRATIVE CODE AS AMENDED FROM TIME TO TIME.

For Convenience: FRANCHISEE MAY VOLUNTARILY TERMINATE

16. Deliverables, milestones or scope of this action:

Franchisee will provide vessel sanitary waste water removal services at Port Everglades, thereby promoting growth in the business activities of the Port.

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

None