



BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA

AGREEMENT SUMMARY

EXHIBIT 1

1. Other Contracting Party:

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES (DCF)

2. Proposed Action:

☒ New Contract ☐ Amendment, Number ☐ Renewal ☐ Extension

3. Document Type (select one):

Community Partner Network Agreement

4. Purpose/Description:

This agreement creates a partnership between Broward County and the Department of Children and Families (DCF) that allows three Broward Addiction Recovery Center (BARC) locations to serve as access points for applicants and recipients of Economic Self-Sufficiency (ESS) Services. DCF determines eligibility for ESS programs, including Medicaid. As a member of DCF's online application system, BARC will provide assistance to its clients in applying for ESS Services.

5. Special Provisions (select if applicable):

<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: \$ 0 or ____ %
<input type="checkbox"/> CBE Program	<input type="checkbox"/> Cash Match Required: \$ 0 or ____ %

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

Start : 6/15/17 or full execution
End: upon proper notice of termination.

6.b. Effective Dates (amendments only):

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

7. Contract Administrator:

Name: Stacy Fruhling, Director
Phone: 954-357-4860

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	\$0
Reimbursables	
Optional Services	
Total contract value	\$0

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 N/A

11. Payment Terms

No payment for services

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:

THIS AGREEMENT WILL REMAIN IN EFFECT UNLESS
TERMINATED BY EITHER PARTY WITH PROPER NOTICE

15. Termination and Cancellation Provisions

For Cause: 24 HOURS WRITTEN NOTICE FROM DCF
For Convenience: 30 CALENDAR DAYS WRITTEN NOTICE FROM EITHER PARTY

16. Deliverables, milestones or scope of this action:

County will provide assistance to BARC clients in registering for the following ESS Services: SNAP, Temp. Cash Assistance, Refugee Assistance, and Medicaid through the online Automated Community Connection for Economic Self-

	Sufficiency (ACCESS) system. County will provide computer(s) with internet access, telephone access to DCF Customer Call Center, paper applications if requested, explanation of the application process, assistance with the application process, and assistance for "My ACCESS Account."
17. List terms, considerations or deviations from standard county form.	Contract prepared by Florida Department of Children and Families on State Standard Contract Form.

Rev. 1/1/15