



AGREEMENT SUMMARY

1. Other Contracting Party:
COUNCIL ON ACCREDITATION (COA)

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

3. Document Type (select one):
Public Agency Accreditation Agreement

4. Purpose/Description:

To set forth the terms and fees of the accreditation process for Broward County's Elderly and Veterans Services Division -Behavioral Health Section, including the rights and responsibilities of both parties.

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 : Upon Execution
End: Ongoing, based on length of agency's accreditation

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

7. Contract Administrator:
Name: Andrea Busada
Phone: 954-357-6622

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

9.a. Contract Value (new contracts)
Table with 2 columns: Description, Amount. Rows: Base amount (19916), Reimbursables, Optional Services (4500), Total contract value (24416)

9.b. Contract Value (amendments only)
Table with 2 columns: Description, Amount. Rows: 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
[X] Scheduled or Time-Based
[] Other

11. Payment Terms
County shall pay an Accreditation Fee is \$10,916 and additionally, Site Visit shall cost no less than \$9,000.

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:
NON RENEWABLE

15. Termination and Cancellation Provisions
If County withdraws from accreditation process, it shall pay any remaining balances. COA reserves the rights to discontinue accreditation process if timeliness is not met or requested revisions are not made within a mutually agreed timeframe.

16. Deliverables, milestones or scope of this action:
COA's acceptance of Agreement and payments for training, accreditation and the site visit fees do not obligate COA to reach an affirmative decision regarding County's accreditation.

17. List terms, considerations or deviations from standard county form.
This Agreement is COA's standard contract format. Areawide Council on Aging, acting on behalf of the State of Florida, will

sign last following County's signature.

Rev. 1/1/15