



AGREEMENT SUMMARY

1. Other Contracting Party:
KIDS IN DISTRESS, INC.

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

3. Document Type (select one):
Contractual Services Agreement

4. Purpose/Description:
This agreement funds substance abuse assessment and treatment services provided by the Broward Addiction Recovery Division for eligible participants in the Kids in Distress Coordinated Family Services program.

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 : July 1, 2017
End: June 30, 2018

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

7. Contract Administrator:
Name: Stacy Fruhling
Phone: 954-357-4860

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

9.a. Contract Value (new contracts)
[X] Actual [] Estimated
Table with columns for Base amount, Reimbursables, Optional Services, Total contract value. Values: \$73,634.88, \$73,634.88.

9.b. Contract Value (amendments only)
[] No change [] Actual [] Estimated
Table with columns for 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
Monthly payment for unit cost of substance abuse treatment services provided to program eligible clients.

12. Cost Adjustment
[] Not Applicable [] Fixed Percentage - ___% [] Actual Cost
[] CPI or other Index [] Fixed Amount - \$ _____ [X] Other: Availability of Funding

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:
2 ONE-YEAR AUTOMATIC RENEWALS

15. Termination and Cancellation Provisions
For Cause: 7 DAYS WRITTEN NOTICE FROM EITHER PARTY
For Convenience: 30 DAYS WRITTEN NOTICE FROM EITHER PARTY

16. Deliverables, milestones or scope of this action:
Monthly provision of substance abuse treatment services to program eligible residents of Broward County.

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