BROWARD COUNTY

BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA

AGREEMENT SUMMARY

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1. Other Contracting Party: Broward Behavioral Health Coalition								
2. Proposed Action:			3. Document Type (select one):					
☐ New Contract ☐ Amendment, Number 01 ☐ Renewal		Extension	Contract Agreement					
4. Purpose/Description:								
Amendment 01 to the Broward Behavioral Health Coalition, Contract 34381-17, added the Juvenile Post Arrest Diversion (JPAD) program, providing funding in the amount of \$126,000. The Office of Justice Services is requesting two (2) Budgeted Position								
Numbers (BPNs) for two (2) Case Managers for the JPAD program.								
5. Special Provisions (select if applicable):								
Living Wage Program		SBE Sheltered	SBE Sheltered Market Program					
Workforce Investment Pilot Program	M/WBE Progr	M/WBE Program						
Federal DBE/ACDBE program	In-Kind Match	In-Kind Match Required: \$ or %						
CBE Program	\equiv	Cash Match Required: \$ %						
6.a. Effective Dates (for new agreements only):		s (amendments only):						
Start :	No Change	No Change						
End:	End date has	End date has changed from to .						
	Term has							
7. Contract Administrator:			8. Contract Type:					
Name: Regenia Walker, Administrator	•		Cost reimbursement					
Phone: 954- <u>357-7538</u>		Firm fixed pr	Firm fixed price Time and materials					
		Performance	-based Other					
9.a. Contract Value (new contracts)	9.b. Contract Value	(amendments only)						
Actual Estimated		No change	Actual	Estimated				
Base amount			Original approved contract value					
Reimbursables			Approved previous adjustments					
Optional Services			Value of this action	\$126,000				
Total contract value			Amended total contract value					
10. Payment Method	11. Payment Terms	, .		,				
Lump Sum Payment	Monthly reimburseme	ent is based on the co	ontracts unit rate for the actu	al number of service				
Milestone or Progress-Based	hours performed.							
Scheduled or Time-Based								
Other								
12. Cost Adjustment								
Not Applicable	Fixed Percentage	e - %	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: 15. Termination and Cancellation Provisions								
THIS IS AMENDMENT 01 TO CONT	For Cause: IN THE EVENT	OF Cause: IN THE EVENT FUNDS FOR PAYMENT PURSUANT TO THIS CONTRACT BECOME UNAVAILABLE,						
	BBHC MAY TERMINATE THIS CONTRACT UPON NO LESS THAN TWENTY-FOUR (24) HOURS WRITTEN NOTICE TO THE PROVIDER. THE COUNTY MAY TERMINATE UPON THIRTY (30) DAYS WRITTEN NOTICE IN THE EVENT OF A MATERIAL BREACH BY BBHC.							
	For Convenience: THIS C	r Convenience: This Contract may be terminated by BBHC WITHOUT CAUSE UPON NO LESS						
		IN THIRTY (30) CALENDAR DAYS OF NOTICE IN WRITING TO PROVIDER. THE COUNTY MAY TERMINATE						
THIS CONTRACT FOR CONVENIENCE UPON NINETY (90) DAYS WRITTEN NOTICE TO BBHC. 16. Deliverables, milestones or scope of this action: Monthly reports cultivated.								
16. Deliverables, milestones or scope of this action:		Monthly reports sub	omitted.					
17. List terms, considerations or deviations from standard county form. N/A								