



AGREEMENT SUMMARY

1. Other Contracting Party:

LEGAL AID SERVICE OF BROWARD COUNTY, INC.

2. Proposed Action:

[X] New Contract [] Amendment, Number [] Renewal [] Extension

3. Document Type (select one):

4. Purpose/Description:

Provides funding for legal assistance to indigent residents of Broward County.

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 : October 1, 2017
End: September 30, 2018

6.b. Effective Dates (amendments only):

[] No Change
[] End date has changed from ___ to ___.
[] Term has from to .

7. Contract Administrator:

Name: Ismael A. Martinez
Phone: 954-357-5003

8. Contract Type:

[] Cost reimbursement [] Open-end
[X] Firm fixed price [] Time and materials
[] Performance-based [] Other ___

9.a. Contract Value (new contracts)

Table with 2 columns: Description, Amount. Rows: Actual/Estimated, Base amount (\$1,220,000.00), Reimbursables, Optional Services, Total contract value (\$1,220,000.00)

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

Payment of one-quarter of contract amount in advance of each quarter, subject to receipt of report on expenditure of prior quarter payment.

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: ___
b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: ___
c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: ___

14. Renewal or Extension Terms:

THE AGREEMENT MAY BE RENEWED FOR UP TO FOUR ADDITIONAL YEARS BASED ON BUDGETS APPROVED FOR EACH FISCAL YEAR.

15. Termination and Cancellation Provisions

For Cause: UPON 30 DAYS NOTICE AND FAILURE TO CORRECT A BREACH
For Convenience: UPON 30 DAYS NOTICE BY COUNTY

16. Deliverables, milestones or scope of this action:

At least 400 tenants facing eviction, at least 300 home owners with preservation issues, at least 100 dependent children, and at least 100 undocumented immigrants or those facing violence or abuse will receive service annually.

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

N.A.