



AGREEMENT SUMMARY

1. Other Contracting Party:
STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION (AHCA)

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

3. Document Type (select one):
Letter of Agreement

4. Purpose/Description:
Allows Broward County to provide Medicaid Low Income Pool Match funding in the amount of \$137,582 to AHCA for Broward Community Family Health Center, Inc. for the purpose of providing primary care services to Broward County residents.

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: William E. Green
Phone: 954-357-5385

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

9.a. Contract Value (new contracts)
X [] Actual [] Estimated
Table with 2 columns: Description, Amount. Rows: Base amount (\$137,582), Reimbursables, Optional Services, Total contract value (\$137,582)

9.b. Contract Value (amendments only)
[] No change [] Actual [] Estimated
Table with 2 columns: Description, Amount. Rows: 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

11. Payment Terms

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:
NONE

15. Termination and Cancellation Provisions
For Cause: N/A
For Convenience: N/A

16. Deliverables, milestones or scope of this action:
There are no outcomes assigned to this LOA.

17. List terms, considerations or deviations from standard county form.
The agreement is in the State of Florida's contract format. It does not contain reference to the County's standard venue provision.