



AGREEMENT SUMMARY

1. Other Contracting Party:

FLORIDA NETWORK OF CHILDREN'S ADVOCACY CENTER INC.

2. Proposed Action:

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

3. Document Type (select one):

Grant-In-Aid State Funding Agreement

4. Purpose/Description:

To provide advocacy and mental health services to children who are victims of physical and/or sexual abuse; witness to violent crimes or domestic violence; are victims of neglect or are endangered, and their non-offending family members and care-givers. Funding will also provide for community outreach, system coordination through the State Attorney, a Law Enforcement Liaison, Office Support Specialist and additional funder approved expenditures.

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: Mandy Wells
Phone: 954-357-6398

8. Contract Type:

[X] Cost reimbursement [] Open-end
[] 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 (\$522,788.51), Reimbursables, Optional Services, Total contract value (\$522,788.51)

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
[] Scheduled or Time-Based
[X] Other- Monthly invoices reflecting costs associated with providing the services.

11. Payment Terms

The award amount for the period July 1, 2017 through June 30, 2018 is \$522,788.51 (which includes \$322,788.51 in recurring Grant-In-Aid funds and \$200,000 non-recurring funds from the Office of the State Courts Administrator) for reimbursement based on the actual cost to provide advocacy and mental health services as well as community outreach, system coordination and other funder approved expenditures.

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:

THE AGREEMENT MAY BE RENEWED UPON MUTUAL AGREEMENT BY THE PARTIES FOR A PERIOD THAT MAY NOT EXCEED TWO (2) YEARS. THERE SHALL BE TWO (2) ONE (1) YEAR OPTIONAL RENEWAL PERIODS.

15. Termination and Cancellation Provisions

For Cause: NONE SPECIFIED
For Convenience: NON SPECIFIED

16. Deliverables, milestones or scope of this action: The performance measures within the Agreement require a monthly Financial Report

outlining the revenues and expenditures associated with the grant funds and a summary of the program activities, provided during the prior month and in total for the year; a total of all active and inactive cases by month and a total of each of the services provided by service type. The measures and invoices must be submitted to the FNCAC no later than the 15th day of each month. Agreement is in form provided by the Florida Network of Children's Advocacy Centers.

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

None

Rev. 1/1/15