



AGREEMENT SUMMARY

1. Other Contracting Party:
PORT EVERGLADES PILOTS, INC.

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

3. Document Type (select one):
MEMORANDUM OF AGREEMENT

4. Purpose/Description:
Provides authority to reimburse the Port Everglades Pilots for the purchase of portable pilot unit equipment and training to enhance the safety of navigation at Port Everglades

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 : Upon Execution
End: Open ended

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

7. Contract Administrator:
Name: Robert J. Flint
Phone: 954-468-0218

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 columns: Actual, Estimated. Rows: Base amount (62,716), Reimbursables, Optional Services, Total contract value (62,716).

9.b. Contract Value (amendments only)
Table with columns: No change, Actual, Estimated. Rows: Original approved contract value, Approved previous adjustments, Value of this action, Amended total contract value.

10. Payment Method
[] Lump Sum Payment
[X] Milestone or Progress-Based
[] Scheduled or Time-Based
Other

11. Payment Terms
Reimbursement based on actual costs incurred up to not-to-exceed ceiling.

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: NONE
For Convenience: NONE

16. Deliverables, milestones or scope of this action:
Reimbursement for purchase of equipment and training

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