



AGREEMENT SUMMARY

1. Other Contracting Party:

FLORIDA ALCOHOL AND DRUG ABUSE ASSOCIATION (FADAA)

2. Proposed Action:

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

3. Document Type (select one):

Grant Agreement

4. Purpose/Description:

FUNDING FOR THE PROVISION OF VIVITROL TREATMENT FOR STATE OF FLORIDA, DEPARTMENT OF CHILDREN AND FAMILIES ELIGIBLE INDIVIDUALS WITH ALCOHOL OR OPIOID USE DISORDER RECEIVING SUBSTANCE ABUSE TREATMENT THROUGH THE BROWARD ADDICTION RECOVERY DIVISION.

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 : AT EXECUTION
End: TWELVE (12) MONTHS FROM DATE OF EXECUTION

6.b. Effective Dates (amendments only):

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

7. Contract Administrator:

Name: STACY FRUHLING
Phone: 954-357-4860

8. Contract Type:

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

9.a. Contract Value (new contracts)

Table with 2 columns: Description, Amount. Rows: Actual/Estimated, Base amount (\$150,000), Reimbursables, Optional Services, Total contract value (\$150,000).

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

Monthly reimbursement at the contracted unit rate for the actual number of service units delivered to eligible clients during the billing period.

12. Cost Adjustment

- [] Not Applicable [] Fixed Percentage - ___% [] Actual Cost
[] CPI or other Index [] Fixed Amount - \$_____ [X] Other: Availability of Funding

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:

RENEWAL FOR SUCCESSIVE TWELVE (12) MONTH TERMS UPON WRITTEN MUTUAL AGREEMENT

15. Termination and Cancellation Provisions

For Cause: 30 DAYS WRITTEN NOTICE FROM EITHER PARTY
For Convenience: 30 DAYS WRITTEN NOTICE FROM EITHER PARTY

16. Deliverables, milestones or scope of this action:

Monthly provision of substance abuse treatment services eligible for reimbursement

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

Memorandum of Agreement prepared by FADAA in FADAA's standard format