



AGREEMENT SUMMARY

1. Other Contracting Party:

STATE OF FLORIDA DEPARTMENT OF HEALTH

2. Proposed Action:

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

3. Document Type (select one):

Agreement

4. Purpose/Description:

Annual Funding for operations of the Broward County Health Department as established under Chapter 154 of the Florida Statutes.

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 : 10-01-17
End: 09-30-18

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: 954-357-6396

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 (\$1,827,864), Reimbursables, Optional Services, Total contract value (\$1,827,864).

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

Quarterly, upon Provider Submission of a Quarterly Invoice.

12. Cost Adjustment

[ ] 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: EITHER PARTY IF OTHER PARTY FAILS TO PERFORM OBLIGATION WITHIN 30 DAYS' NOTICE.
For Convenience: EITHER PARTY WITH NO LESS THAN 180 CALENDAR DAYS' NOTICE IN WRITING OR IN THE EVENT OF LACK OF FUNDS, BY EITHER PARTY WITHIN NO LESS THAN 24-HOUR NOTICE.

16. Deliverables, milestones or scope of this action:

Outcomes are provided in Exhibit 2 of the Operating Agreement.

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

The Agreement is on the State's Shell and is not in the County's Standard Form. The Agreement includes an option

for the County to cover the Health Department's 2018  
Governor's Sterling Award from existing funds.

Rev. 1/1/15