

BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA

AGREEMENT SUMMARY

EXHIBIT 1

FLORIDA					
NAME OF OTHER CONTRACTING PARTY STATE OF FLORIDA, DEPARTMENT OF ECONOMIC OPPORTUNITY					
PROPOSED ACTION			DOCUMENT TYPE		
☐ NEW ITEM ☐ AMENDMENT, NUMBE	er 1 🔲 RENEWAL	EXTENSION	Grant Agreement Commi Grant (CSBG)	unity Services Block	
PURPOSE					
Broward County Community Action Agency activities to impact poverty.					
SPECIAL PROVISIONS (select if applicable)					
LIVING WAGE PROGRAM		CBE PROGRA	CBE PROGRAM		
SBE SHELTERED MARKET PROGRAM		☐ M/WBE PROG	☐ M/WBE PROGRAM		
FEDERAL DBE PROGRAM		REQUIRES IN	N-KIND MATCH: \$	OR %	
CDBE PROGRAM		REQUIRES C	ASH MATCH: \$	or %	
EFFECTIVE DATES (new agreements only)	EFFECTIVE DATE	s (amendments only)			
START:			NO CHANGE		
END:		☐ END DATE H			
			TERM HAS FROM TO .		
CONTRACT ADMINISTRATOR		CONTRACT TYPE			
NAME: Ismael A. Martinez		COST REIME	COST REIMBURSEMENT OPEN-END		
PHONE: 954-357-5003			FIRM FIXED PRICE TIME AND MATERIALS		
		PERFORMA			
CONTRACT VALUE (new contracts)		JE (amendments only)	0020.0		
□ ACTUAL □ ESTIMATED		☐ NO CHANGE		ESTIMATED	
Base amount		_	nal approved contract value	\$2,097,670.00	
Reimbursables \$0.00			roved previous adjustments	\$0.00	
Optional Services			Value of this action \$1,689,961.68		
Total contract value \$0.00		$\frac{1}{1}$	Amended total contract value \$3,787,631.68		
PAYMENT METHOD	PAYMENT TERMS	<u> </u>		ψο,ι οι ,σο ιισο	
LUMP SUM PAYMENT	Monthly invoices for services actually provided.				
MILESTONE / PROGRESS BASED					
SCHEDULED OR TIME-BASED					
OTHER MONTHLY					
REIMBURSEMENTS					
COST ADJUSTMENT					
NOT APPLICABLE	FIXED PERCENTAGE % ACTUAL COST				
CPI OR OTHER INDEX	☐ FIXED COST \$ ☐ OTHER				
EQUITY PROGRAM PARTICIPATION SUMMARY					
Total County established M/WBE, SBE, CDBE, CBE, or DBE participation goal for this action or project: N.A.					
Total contractor-committed M/WBE, SBE, CDBE, CBE, or DBE participation goal planned for this action or project: N.A.					
M/WBE, SBE, CDBE, CBE, or DBE participation to date: N.A.					
RENEWAL OR EXTENSION TERMS TERM		TERMINATION AND CA	RMINATION AND CANCELLATION PROVISIONS		
N.A. FOR		FOR CAUSE: 30 DAYS	R CAUSE: 30 DAYS NOTICE BY STATE		
	FOR CONVENIENCE: 3	R CONVENIENCE: 30 DAYS NOTICE BY STATE			
DELIVERABLES, MILESTONES OR SCOPE OF T	CSBG workplan f	BG workplan for anti-poverty services			
LIST TERMS, CONSIDERATIONS OR DEVIATIONS FROM STANDARD State of Florida format and State signs last. COUNTY FORM.					