



AGREEMENT SUMMARY

1. Other Contracting Party:

FLORIDA NETWORK OF CHILDREN'S ADVOCACY CENTERS (FNCAC)

2. Proposed Action:

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

3. Document Type (select one):

Child Advocacy Trust Fund Agreement Award

4. Purpose/Description:

Provides funding for direct services to victims of child abuse.

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:

[] 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, Value. Rows include Actual/Estimated selection, Base amount (\$9,674.74), Reimbursables, Optional Services, Total contract value (\$9,674.74).

9.b. Contract Value (amendments only)

Table with 2 columns: Description, Value. Rows include No change/Actual/Estimated selection, Original approved contract value, Approved previous adjustments, Value of this action, Amended total contract value.

10. Payment Method

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

11. Payment Terms

The award amount for the period of July 1, 2017 to June 30, 2018 is \$9,674.74, and will be received in one lump payment of \$9,674.74.

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: NA
b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: NA
c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: NA

14. Renewal or Extension Terms:

NONE

15. Termination and Cancellation Provisions

For Cause: NONE SPECIFIED
For Convenience: NONE SPECIFIED

16. Deliverables, milestones or scope of this action:

The performance measures within the Agreement require reporting a description of direct services that will be provided by NJCC with awarded funds, the number of children that will be served with the funds, number of families and children receiving services and hourly cost of services being provided. The measures must be submitted to the FNCAC no later than the fifth day of each month. Additionally, a narrative report and

final budget detailing how the funds were used are required at the conclusion of the award period. Agreement is in form provided by Florida Network of Children's Advocacy Centers.

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

Funder's form.

Rev. 1/1/15