



AGREEMENT SUMMARY

1. Other Contracting Party:
TOWN OF HILLSBORO BEACH

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

3. Document Type (select one):
Interlocal Agreement

4. Purpose/Description:
To enter into a new interlocal agreement to provide representation before the Broward County Minimum Housing/Unsafe Structures Board for the Town of Hillsboro Beach from the date of approval by the County Commission until expiration on September 30, 2022.

5. Special Provisions (select if applicable):
[] Living Wage Program [] SBE Sheltered Market Program
[] Workforce Investment Pilot Program [] MWBE 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: September 30, 2022

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

7. Contract Administrator:
Name: Hipolito Cruz, Jr., Director
Phone: 954-765-4400 ext. 9848

8. Contract Type:
[] Cost reimbursement [] Open-end
[] Firm fixed price [] Time and materials
[] Performance-based [X] Other HOURLY RATES

9.a. Contract Value (new contracts)
Table with columns for Actual/Estimated and rows for Base amount, Reimbursables, Optional Services, Total contract value.

9.b. Contract Value (amendments only)
Table with columns for No change/Actual/Estimated and rows for 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
30 days from the date of invoice

12. Cost Adjustment
[] Not Applicable [] Fixed Percentage - ___% [] Actual Cost
[] CPI or other Index [] Fixed Amount - \$_____ [X] Other: Annual Review to assure full cost recovery

13. Equity Program Participation Summary
a. County established M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal for this action or project: _____
b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: _____
c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: _____

14. Renewal or Extension Terms:
UPON EXECUTION OF NEW CONTRACT

15. Termination and Cancellation Provisions
For Cause: 30 DAYS WRITTEN NOTICE
For Convenience: 30 DAYS WRITTEN NOTICE

16. Deliverables, milestones or scope of this action:
TBD – Service will be based on coordinating customer’s needs

17. List terms, considerations or deviations from standard county form.
No Deviations