BROWARD COUNTY

BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA

AGREEMENT SUMMARY

EXHIBIT 1

| 1. Other Contracting Party: | | | | |
|--|---|---|---|--|
| In-Ter-Space Services, INc. d/b/a Clear Channel Airports | | | | |
| 2. Proposed Action: | | _ | 3. Document Type (select one): | |
| New Contract Amendment, Number | r Renewal | Extension | Concession Agreement | |
| 4. Purpose/Description: | | | | |
| Allow In-Ter-Space Services, Inc. d/b/a Clear Channel Airports the non-exclusive right to operate the advertising and display concession at FLL. | | | | |
| 5. Special Provisions (select if applicable): | | | | |
| Living Wage Program | | SBE Sheltered | SBE Sheltered Market Program | |
| Workforce Investment Pilot Program | | M/WBE Progr | M/WBE Program | |
| Federal DBE/ACDBE program | | In-Kind Match | In-Kind Match Required: \$ or % | |
| CBE Program | | Cash Match F | Cash Match Required: \$ or % | |
| 6.a. Effective Dates (for new agreements only): | | 6.b. Effective Dates | 6.b. Effective Dates (amendments only): | |
| Start : <u>April 1, 2018</u> | | ☐ No Change | ☐ No Change | |
| End: <u>October 31, 2023</u> | | End date has | End date has changed from to | |
| | | Term has | from to . | |
| 7. Contract Administrator: | | 8. Contract Type: | | |
| Name: <u>Leanne Andress</u> | | Cost reimbur | Cost reimbursement Open-end | |
| Phone: 954-359-6102 | | Firm fixed pri | ice Time and materials | |
| <u></u> | | Performance | -based Other | |
| 9.a. Contract Value (new contracts) | | 9.b. Contract Value | 9.b. Contract Value (amendments only) | |
| Actual Estimated | | No change | | |
| Base amount | | Original approved contract value | | |
| Reimbursables | | Approved previous adjustments | | |
| Optional Services | | | Value of this action | |
| Total contract value | \$21,063,300 | 0 | Amended total contract value | |
| 10. Payment Method | 11. Payment Terms | | | |
| Lump Sum Payment | Percentage of Gross R | Percentage of Gross Revenues or Minimum Annual Guarantee. | | |
| Milestone or Progress-Based | | | | |
| Scheduled or Time-Based | | | | |
| Other Monthly Payments | | | | |
| 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: 10% | | | | |
| b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: 10.4% | | | | |
| c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: N/A | | | | |
| 14. Renewal or Extension Terms: | | 15. Termination and Can | . Termination and Cancellation Provisions | |
| AT COUNTY'S SOLE DISCRETION, AN ADDITIONAL THREE For | | or Cause: IMMEDIATE PURSUANT TO SECTION 14.1 OF THE AGREEMENT | | |
| YEAR TERM For | | For Convenience: NON | or Convenience: NONE | |
| 16. Deliverables, milestones or scope of this action: None. | | | | |
| 17. List terms, considerations or deviations from standard county form. None. | | | | |