



AGREEMENT SUMMARY

1. Other Contracting Party:

AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY, INC.

2. Proposed Action:

- ☑ New Contract ☐ Amendment, Number ☐ Renewal
☐ Extension

3. Document Type (select one):

Grant Agreement Wellness Title III

4. Purpose/Description:

To provide caregiver training and support services in accordance to Title III of the Older Americans Act

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 : upon date of execution
End: 12/31/2018

6.b. Effective Dates (amendments only):

- ☐ No Change
☐ End date has changed from _____ to _____.
☐ Term has from _____ to _____.

7. Contract Administrator:

Name: Andrea Busada
Phone: 954-357-6622

8. Contract Type:

- ☑ Cost reimbursement ☐ Open-end
☑ Firm fixed price ☐ Time and materials
☐ Performance-based ☐ Other _____

9.a. Contract Value (new contracts)

Table with 2 columns: Description, Value. Includes Actual/Estimated checkboxes and rows for Base amount, Reimbursables, Optional Services, Total contract value (\$36,660).

9.b. Contract Value (amendments only)

Table with 2 columns: Description, Value. Includes No change/Actual/Estimated checkboxes 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
☑ Scheduled or Time-Based
☐ Other

11. Payment Terms

This is a deliverable contract subject to the availability of funds. County bills monthly. All requirements for payments are processed utilizing Florida Department of Elder Affairs procedures and documents.

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:

NON RENEWABLE

15. Termination and Cancellation Provisions

For Cause: COUNTY FAILS TO COMPLY WITH SERVICE DELIVERY, PROGRAM PROGRESS, CONTRACTUAL TERMS OR APPLICABLE STATUTORY REGULATIONS
For Convenience: COUNCIL AT ITS SOLE DISCRETION AND INTEREST BY WRITTEN NOTICE TO COUNTY

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| 16. Deliverables, milestones or scope of this action: | Services shall be planned, developed and accomplished under the conditions specified in contract. Recipient is reimbursed for provisions of such services. |
| 17. List terms, considerations or deviations from standard county form. | The agreement is in the State of Florida standard contract format. Council, acting on behalf of the State of Florida, will sign last following County's signature. |