



AGREEMENT SUMMARY

1. Other Contracting Party:

AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY, INC.

2. Proposed Action:

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

3. Document Type (select one):

Other: Master Contract for state and federally funded senior services.

4. Purpose/Description:

To set forth the terms and conditions to which all contracts and agreements between Broward County and the Council will be subject, for the provision of services supporting the wellbeing of Broward County's elderly residents.

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 : 01/01/2018
End: 12/31/2020

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 [X] Other NON-FINANCIAL

9.a. Contract Value (new contracts)

Table with 2 columns: Description, Value. Rows: Actual/Estimated, Base amount (\$0), Reimbursables (\$0), Optional Services (\$0), Total contract value (\$0).

9.b. Contract Value (amendments only)

Table with 2 columns: Description, Value. Rows: No change/Actual/Estimated, 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
[X] Other N/A

11. Payment Terms

N/A - Non-Financial Agreement

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: 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: THE COUNCIL BY WRITTEN NOTICE TO COUNTY FOR COUNTY'S BREACH OF CONTRACT.
For Convenience: THE COUNCIL BY WRITTEN NOTICE TO COUNTY WHEN COUNCIL DETERMINES THAT IT IS IN ITS INTEREST TO DO SO.

16. Deliverables, milestones or scope of this action:

County shall provide services in the manner to be described in subsequent contracts or agreements incorporating this Master Contract by reference.

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

This Master Contract is in the State of Florida's standard

contract format. The Council, acting on behalf of the State of Florida, will sign last following the County's signature.

Rev. 1/1/15