



AGREEMENT SUMMARY

1. Other Contracting Party:

FEDERATION OF PUBLIC EMPLOYEES (AFL-CIO – PORT EVERGLADES SUPERVISORY UNIT)

2. Proposed Action:

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

3. Document Type (select one):

Collective Bargaining Agreement

4. Purpose/Description:

Resolves Collective Bargaining Agreement with the County's Supervisory Bargaining Unit

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 : 10/01/2017
End: 09/30/2020

6.b. Effective Dates (amendments only):

[] No Change
[] End date has changed from ___ to ___.
[] Term has from to .

7. Contract Administrator:

Name: Mary McDonald
Phone: 954-357-6044

8. Contract Type:

[] Cost reimbursement [] Open-end
[] Firm fixed price [] Time and materials
[] Performance-based [X] Other COLLECTIVE BARGAINING AGREEMENT (LABOR CONTRACT)

9.a. Contract Value (new contracts)

Table with 2 columns: Description, Amount. Rows: Actual/Estimated, Base amount (\$43,404.00), Reimbursables (0), Optional Services (0), Total contract value (\$43,404.00)

9.b. Contract Value (amendments only)

Table with 2 columns: Description, Amount. 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

11. Payment Terms

Wages paid bi-weekly.

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:

15. Termination and Cancellation Provisions

For Cause: N/A
For Convenience: N/A

16. Deliverables, milestones or scope of this action:

None

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

Summary of Agreement Provision Changes attached (Exhibit 3)