



AGREEMENT SUMMARY

1. Other Contracting Party:

AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL EMPLOYEES (AFSCME LOCAL 2200 – PORT EVERGLADES MAINTENANCE)

2. Proposed Action:

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 Port Everglades Maintenance 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 : 10/01/2016
End: 09/30/2017

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 Other COLLECTIVE BARGAINING AGREEMENT (LABOR CONTRACT)

9.a. Contract Value (new contracts)

Actual Estimated
Base amount \$72,360.00
Reimbursables 0
Optional Services 0
Total contract value \$72,360.00

9.b. Contract Value (amendments only)

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
 Other

11. Payment Terms

Wages paid bi-weekly.

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:

NONE

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)