



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 : 10/01/2017
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 Other COLLECTIVE BARGAINING AGREEMENT (LABOR CONTRACT)

9.a. Contract Value (new contracts)

Table with 2 columns: Description, Value. Rows: Actual/Estimated, Base amount (\$162,529.00), Reimbursables (0), Optional Services (0), Total contract value (\$162,529.00).

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
 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)