



AGREEMENT SUMMARY

1. Other Contracting Party:

COMMUNITY FOUNDATION OF BROWARD

2. Proposed Action:

[X] New Contract [ ] Amendment, Number 2. [ ] Renewal [ ] Extension

3. Document Type (select one):

Grant Agreement

4. Purpose/Description:

To support the "Peer Counselor Certification Initiative" program. This is a pilot program that will train Ryan White Part A Recipients who are underemployed as Peer Counselors. Once training is complete, individuals will be employed with the Ryan White Part A HIV/AIDS service providers.

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 : January 1, 2018 or upon execution
End: June 20, 2019

6.b. Effective Dates (amendments only):

- [ ] No Change
[ ] End date has changed from \_\_\_\_ to \_\_\_\_
[ ] Term has from \_\_\_\_ to \_\_\_\_

7. Contract Administrator:

Name: Teisha Fender, Contract/Grants Administrator, Sr.
Phone: 954-357-5397

8. Contract Type:

- [ ] Cost reimbursement [ ] Open-end
[ ] Firm fixed price [ ] Time and materials
[X] Performance-based [ ] Other \_\_\_\_

9.a. Contract Value (new contracts)

Table with 2 columns: Description, Value. Rows include Actual/Estimated, Base amount (\$60,000.00), Reimbursables, Optional Services, Total contract value (\$60,000.00).

9.b. Contract Value (amendments only)

Table with 2 columns: Description, Value. Rows include 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
[X] Milestone or Progress-Based
[ ] Scheduled or Time-Based
[ ] Other

11. Payment Terms

Per Section I. initial payment of \$30,000 is due upon receipt of the signed agreement and the final payment of \$30,000 is due December 15, 2018 following submission of the Impact Story and Mid-year report.

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:

N/A

15. Termination and Cancellation Provisions

For Cause: PER SECTION IV. ALL FUNDS NOT EXPENDED FOR THE PURPOSES AGREED TO BY THE GRANTEE AND THE FOUNDATION MUST BE RETURNED TO THE FOUNDATION.

16. Deliverables, milestones or scope of this action:

For Convenience: N/A
Curriculum development; Peer Counselor Training; 20 HIV+ individuals will be trained and employed as Peer Counselors.

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

N/A