

## ${\bf BOARD\ OF\ COUNTY\ COMMISSIONERS,\ BROWARD\ COUNTY,\ FLORIDA}$

## **AGREEMENT SUMMARY**

**EXHIBIT 1** 

NAME OF OTHER CONTRACTING PARTY BROWARD BEHAVIORAL HEALTH COALITION, INC.					
PROPOSED ACTION			DOCUMENT TYPE		
□ NEW ITEM	R 3 RENEWAL	EXTENSION	Grant Agreement		
PURPOSE Through Contract 34381-17, eligible Broward County residents. By detoxification, intensive residential trecomprehensive assessment, case mattercare and treatment of elders with Humans Services Dept. The Justice detention.	ARC provides substar eatment, non-resident anagement, outreach n mental health disord	nce abuse treatment iial day treatment , screening, coord ders. CISD provide	ent including medically su and outpatient counseling ination of resources, crisi es is a newly created divis	pervised residential g. EVSD provides s intervention, sion under the	
SPECIAL PROVISIONS (select if applicable)					
LIVING WAGE PROGRAM		CBE PROGRA	CBE PROGRAM		
SBE SHELTERED MARKET PROGRAM		☐ M/WBE PROG	☐ M/WBE PROGRAM		
FEDERAL DBE/ACDBE PROGRAM		REQUIRES IN	I-KIND MATCH: \$	OR %	
CDBE PROGRAM		REQUIRES C.	ASH MATCH: \$391,454	OR %	
EFFECTIVE DATES (new agreements only)	EFFECTIVE DATE	s (amendments only)			
START:		NO CHANGE	NO CHANGE		
END:		☐ END DATE H	END DATE HAS CHANGED FROM TO .		
		☐ TERM HAS	FROM TO .		
CONTRACT ADMINISTRATOR		CONTRACT TYPE			
NAME: William Card		☐ COST REIME	COST REIMBURSEMENT OPEN-END		
PHONE: 954-357-4860		☐ FIRM FIXED	FIRM FIXED PRICE TIME AND MATERIALS		
		PERFORMAN	NCE BASED OTHER		
CONTRACT VALUE (new contracts)		CONTRACT VALU	E (amendments only)		
ACTUAL ESTIMATED		☐ NO CHANGE	ACTUAL	ESTIMATED	
Base amount		Origi	nal approved contract value	3,945,794	
Reimbursables		Арр	roved previous adjustments	564,197	
Optional Services			Value of this action	-15,821	
Total contract value			mended total contract value	4,494,170	
PAYMENT METHOD	PAYMENT TERMS				
LUMP SUM PAYMENT	BBHC reimburses C	ounty for the deliv	ery of service units provi	ded at a maximum	
MILESTONE / PROGRESS BASED	monthly prorated amount equal to 1/12th of the total contract amount.				
SCHEDULED OR TIME-BASED					
OTHER					
COST ADJUSTMENT					
NOT APPLICABLE	FIXED PERCENT	AGE %	ACTUAL COST		
CPI OR OTHER INDEX	☐ FIXED COST \$		OTHER		
EQUITY PROGRAM PARTICIPATION SUMMARY					
Total County established M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal for this action or project:  N/A					
Total contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participations			goal planned for this action	or project: N/A	
M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date:  N/A					
RENEWAL OR EXTENSION TERMS	TERMINATION AND CA	NCELLATION PROVISIONS			
Non-Renewable	FOR CAUSE: BY BBHC UPON NO LESS THAN TWENTY FOUR (24) HOURS				
	IOTICE IN WRITING. BY BBHC IMMEDIATE TERMINATION FOR MATERIAL BREACH OF BUSINESS ASSOCIATE AGREEMENT. BY COUNTY WITH THIRTY				
	30) DAYS WRITTEN NOTICE.				
	OR CONVENIENCE: BY BBHC UPON NO LESS THAN THIRTY (30) CALENDAR AYS IN WRITING. BY COUNTY WITH 90 DAY WRITTEN NOTICE IF PROGRAM				
		FUNDING BECOMES UN		THOTICE II PROGRAM	

DELIVERABLES, MILESTONES OR SCOPE OF THIS ACTION	Monthly provision of behavioral health services to eligible individuals.
LIST TERMS, CONSIDERATIONS OR DEVIATIONS FROM STANDARD COUNTY FORM.	This Contract is in the Broward Behavioral Health Coalition (BBHC) standard contract format. BBHC will sign last following County's approval and signature.

Rev. 10/2/12