



AGREEMENT SUMMARY

EXHIBIT 1

1. Other Contracting Party:

BROWARD SHERIFF'S OFFICE

2. Proposed Action:

☒ New Contract ☐ Amendment, Number ☐ Renewal ☐ Extension

3. Document Type (select one):

Contractual Services Agreement

4. Purpose/Description:

This agreement funds substance abuse treatment services provided by the Broward Addiction Recovery Center for eligible participants in the Adult Post-Adjudicatory Drug Court Expansion Program.

5. Special Provisions (select if applicable):

- | | |
|---|--|
| <input type="checkbox"/> Living Wage Program | <input type="checkbox"/> SBE Sheltered Market Program |
| <input type="checkbox"/> Workforce Investment Pilot Program | <input type="checkbox"/> M/WBE Program |
| <input type="checkbox"/> Federal DBE/ACDBE program | <input type="checkbox"/> In-Kind Match Required: \$ _____ or _____ % |
| <input type="checkbox"/> CBE Program | <input type="checkbox"/> Cash Match Required: \$ _____ or _____ % |

6.a. Effective Dates (for new agreements only):

Start : July 1, 2018End: June 30, 2019

6.b. Effective Dates (amendments only):

- ☐ No Change
- ☐ End date has changed from _____ to _____.
- ☐ Term has _____ from _____ to _____.

7. Contract Administrator:

Name: William CardPhone: 954-357-4860

8. Contract Type:

- | | |
|---|---|
| <input type="checkbox"/> Cost reimbursement | <input type="checkbox"/> Open-end |
| <input type="checkbox"/> Firm fixed price | <input type="checkbox"/> Time and materials |
| <input checked="" type="checkbox"/> Performance-based | <input type="checkbox"/> Other _____ |

9.a. Contract Value (new contracts)

☒ Actual ☐ Estimated

Base amount	\$105,000
Reimbursables	
Optional Services	
Total contract value	\$105,000

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

Monthly payment for unit cost of substance abuse treatment services provided to program eligible clients.

12. Cost Adjustment

- | | | |
|---|---|--|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Fixed Percentage - ____% | <input type="checkbox"/> Actual Cost |
| <input type="checkbox"/> CPI or other Index | <input type="checkbox"/> Fixed Amount - \$ _____ | <input checked="" type="checkbox"/> Other: Availability of Funding |

13. Equity Program Participation Summary

a. County established M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal for this action or project: N/Ab. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: N/Ac. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: N/A

14. Renewal or Extension Terms:

4 ONE-YEAR RENEWAL OPTIONS

15. Termination and Cancellation Provisions

FOR CAUSE: 10 DAYS WRITTEN NOTICE FROM EITHER PARTY

FOR CONVENIENCE: 30 DAYS WRITTEN NOTICE FROM EITHER PARTY

16. Deliverables, milestones or scope of this action:

Monthly provision of substance abuse services to program eligible residents of Broward County.

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

Agreement prepared by Broward Sheriff's Office