



AGREEMENT SUMMARY

EXHIBIT 1

1. Other Contracting Party:

RADIO ONE INC.

2. Proposed Action:

☐ New Contract ☒ Amendment, Number 1 ☐ Renewal ☐ Extension

3. Document Type (select one):

Amendment

4. Purpose/Description:

Amendment to increase optional services not to exceed amounts and delegate approval authority to Director of Purchasing.

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 : _____

End: _____

6.b. Effective Dates (amendments only):

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

7. Contract Administrator:

Name: Brett Bayag
Phone: 954-357-8570

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 type="checkbox"/> Performance-based	<input checked="" type="checkbox"/> Other <u>LUMP SUM WITH OPTIONAL SERVICES</u>

9.a. Contract Value (new contracts)

☐ Actual ☐ Estimated

Base amount	
Reimbursables	
Optional Services	
Total contract value	

9.b. Contract Value (amendments only)

☐ No change ☐ Actual ☒ Estimated

Original approved contract value	\$1,264,242.35
Approved previous adjustments	0.00
Value of this action	\$6,050,000.00
Amended total contract value	<u>\$7,013,242.35</u>

10. Payment Method

☐ Lump Sum Payment
☒ Milestone or Progress-Based
☐ Scheduled or Time-Based
☐ Other

11. Payment Terms

30 days from receipt of invoice

12. Cost Adjustment

<input checked="" 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 type="checkbox"/>

13. Equity Program Participation Summary

a. County established M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal for this action or project: _____

b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: _____

c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: _____

14. Renewal or Extension Terms:

TERM OF 2 YEARS AND 2 RENEWALS OF 1 YEAR

15. Termination and Cancellation Provisions

For Cause: BREACH

For Convenience: Provider shall be paid for any goods and services properly provided through the termination date specified in the written notice of termination.

16. Deliverables, milestones or scope of this action:

Increase not to exceed for optional services with and without scope of work in order for other County agencies to use this agreement to upgrade their radio systems and buy radios and accessories.

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

None

Rev. 1/1/15