

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

AGREEMENT SUMMARY

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FLORIDA								
1. Other Contracting Party:								
Community Foundation of Broward, Inc. (Foundation)								
2. Proposed Action:	_	_	3. Document Type (select one):					
New Contract	Renewal	Extension	Grant Agreement					
4. Purpose/Description:								
To assist funding seven specific projects to enhance local artists programs that provide dynamic and engaging art form, which include performances, spoken word, hip-hop, filmmaking, theater, interactive arts, printmaking, culinary and visual art exhibits.								
5. Special Provisions (select if applicable):								
Living Wage Program		SBE Sheltered	SBE Sheltered Market Program					
Workforce Investment Pilot Program		M/WBE Progr	M/WBE Program					
Federal DBE/ACDBE program		☐ In-Kind Match	In-Kind Match Required: \$ or %					
CBE Program		Cash Match F	Required: \$ or <u>0</u> %					
6.a. Effective Dates (for new agreements only):		6.b. Effective Dates	s (amendments only):					
Start : May 1, 2018		☐ No Change	No Change					
End: June 15, 2019		End date has changed from to .						
2010 10, 2010		Term has						
7. Contract Administrator:		8. Contract Type:						
Name: Jim Shermer			8. Contract Type: Cost reimbursement Open-end					
Phone: 954-357-7502		Firm fixed pri						
Frione. 334-337-7302								
O a Contract Value (new contracts)		_						
9.a. Contract Value (new contracts) Actual Estimated			9.b. Contract Value (amendments only)					
Actual Estimated		No change	Actual Estimated					
Base amount	\$35,000		Original approved contract value					
Reimbursables		Approved previous adjustments						
Optional Services	Optional Services 0		Value of this action					
Total contract value \$35,000			Amended total contract value					
10. Payment Method	11. Payment Terms							
Lump Sum Payment	Payment by June 15,	2018 pending fu	illy-executed agreement.					
Milestone or Progress-Based								
Scheduled or Time-Based								
Other								
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: 15. Termination and Cancellation Provisions								
None.	F	r Cause: If and when grantee fails to meet any of the terms and						
110110.		onditions, and may require repayment of any grant funds not						
		sed in accordance with the terms of the agreement.						
		Convenience: n/a						
Grantee must submit mid-year report and final report with								
16. Deliverables, milestones or scope of this action		quired documentations.						
17. List terms, considerations or deviations from st	andard county form.	he agreement for	e agreement form will be in the Foundation's contract format.					
	Т	he Foundation re	e Foundation refused to make the County's requested					
	С	larification chang	ification changes.					