



BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA

AGREEMENT SUMMARY

EXHIBIT 1

1. Other Contracting Party:

American Flight Training, LLC

2. Proposed Action:

☒ New Contract ☐ Amendment, Number ☐ Renewal ☐ Extension

3. Document Type (select one):

LEASE AGREEMENT

4. Purpose/Description:

Approval of an Agreement of Lease between American Flight Training LLC, and Broward County.

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 : 06.12.2018End: 06.12.2048

6.b. Effective Dates (amendments only):

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

7. Contract Administrator:

Name: Nina MacPhersonPhone: 954-359-1016

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>LEASE AGREEMENT</u> |

9.a. Contract Value (new contracts)

☐ Actual ☒ Estimated

Base amount	
Reimbursables	
Optional Services	
Total contract value	\$5,271,510

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

The rent for the lease agreement is subject to 3% or CPI adjustment each year.

12. Cost Adjustment

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Fixed Percentage - ____% | <input type="checkbox"/> Actual Cost |
| <input checked="" type="checkbox"/> CPI or other Index | <input type="checkbox"/> Fixed Amount - \$ _____ | <input type="checkbox"/> 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: WRITTEN NOTICE OF TERMINATION BY COUNTY

For Convenience: WRITTEN NOTICE OF TERMINATION BY COUNTY

16. Deliverables, milestones or scope of this action:

Lease Agreement

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

N/A