



AGREEMENT SUMMARY

EXHIBIT 1

1. Other Contracting Party:

AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY, INC.

2. Proposed Action:

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

3. Document Type (select one):

Grant Agreement Home Care for the Elderly Program

4. Purpose/Description:

To update contract language, modify the contract term and introduce a new provision regarding renewals

5. Special Provisions (select if applicable):

☐ Living Wage Program ☐ SBE Sheltered Market Program
☐ Workforce Investment Pilot Program ☐ M/WBE Program
☐ Federal DBE/ACDBE program ☐ In-Kind Match Required: \$ _____ or _____ %
☐ CBE Program ☐ 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: Andrea BusadaPhone: 954-357-6622**8. Contract Type:**

☒ Cost reimbursement ☐ Open-end
☒ Firm fixed price ☐ Time and materials
☐ Performance-based ☐ Other _____

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	
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

COUNTY BILLS AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY, INC. MONTHLY FOR SERVICES PROVIDED.

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:

RENEWABLE

15. Termination and Cancellation Provisions

For Cause: THE COUNCIL BY WRITTEN NOTICE MAY TERMINATE AGREEMENT UPON NO LESS THAN TWENTY FOUR (24) HOURS' NOTICE.
For Convenience: BY EITHER PARTY UPON NO LESS THAN THIRTY (30) CALENDAR DAYS' NOTICE, WITHOUT CAUSE, UNLESS A LESSER TIME IS MUTUALLY AGREED UPON BY BOTH PARTIES IN WRITING.

16. Deliverables, milestones or scope of this action:

County is reimbursed for the provision of services provided to elders within the Home Care for the Elderly Program which links elders with needed financial support by way of caregiver

	stipends, in-home care and medical supplies.
17. List terms, considerations or deviations from standard county form.	This Amendment is the in the State of Florida standard contract format. Areawide Council on Aging, acting on behalf of the State of Florida, will sign last following County's signature.