



AGREEMENT SUMMARY

1. Other Contracting Party:

STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION (AHCA)

2. Proposed Action:

[X] New Contract [] Amendment, Number [] Renewal [] Extension

3. Document Type (select one):

Letter of Agreement

4. Purpose/Description:

Allows Broward County to provide Medicaid Low Income Pool Match funding in the amount of \$170,931 to AHCA for Broward Community Family Health Center, Inc. to provide primary care services to Broward County residents.

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 : July 1, 2018
End: June 20, 2019

6.b. Effective Dates (amendments only):

[] No Change
[] End date has changed from _____ to _____.
[] Term has from _____ to _____.

7. Contract Administrator:

Name: William E. Green
Phone: 954-357-5385

8. Contract Type:

[] Cost reimbursement [] Open-end
[X] Firm fixed price [] Time and materials
[] Performance-based [] Other _____

9.a. Contract Value (new contracts)

Table with 2 columns: Description, Value. Rows: Actual/Estimated, Base amount (\$170,931), Reimbursables, Optional Services, Total contract value (\$170,931).

9.b. Contract Value (amendments only)

Table with 2 columns: Description, Value. Rows: 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
[X] Other The Agency will bill the County when payment is due.

11. Payment Terms

The County will pay IGT funds to the Agency in an amount not to exceed the total of \$170,931. The County will transfer payments to the Agency in the following manner:
A. PER FLORIDA STATUTE 409.908, ANNUAL PAYMENTS FOR THE MONTHS OF JULY 2018 THROUGH JUNE 2019 ARE DUE TO THE AGENCY NO LATER THAN OCTOBER 31, 2018 UNLESS AN ALTERNATIVE PLAN IS SPECIFICALLY APPROVED BY THE AGENCY.
B. THE AGENCY WILL BILL THE COUNTY WHEN PAYMENT IS DUE.

12. Cost Adjustment

[X] 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:

NONE

15. Termination and Cancellation Provisions

For Cause: N/A
For Convenience: N/A

16. Deliverables, milestones or scope of this action:

There are no outcomes assigned to this LOA.

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

The agreement is in the State of Florida's contract format. It does not contain reference to the County's standard venue provision.