BROWARD COUNTY

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

AGREEMENT SUMMARY

EXHIBIT 1

| 1. Other Contracting Party: | | | | |
|---|-------------------|-------------------------|--|--|
| FLORIDA DEPARTMENT OF TRANSP | ORTATION | | | |
| 2. Proposed Action: | | | 3. Document Type (select one): | |
| New Contract | Renewal | Extension | Permit Agreement | |
| 4. Purpose/Description: | | | | |
| Authorizes Florida Department of Transportation to access FDOT facilities using areas of the Broward County's Fort Lauderdale-Hollywood International Airport identified on the Permit Agreement. | | | | |
| 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 Required: \$ or % | |
| 6.a. Effective Dates (for new agreements only): 6.b. Effective Dates (amendments only): | | | | |
| Start : 11/13/2018 | | No Change | | |
| End: TBD | | End date has | s changed from to | |
| Liid. <u>100</u> | | Term has | from to . | |
| | | | | |
| 7. Contract Administrator: | | 8. Contract Type: | | |
| Name: <u>Leo Treggi</u> | | Cost reimbur | | |
| Phone: 954- <u>359</u> - <u>2368</u> | | Firm fixed pri | | |
| | | Performance | -based Other THERE IS NO COMPENSATION. | |
| 9.a. Contract Value (new contracts) | | 9.b. Contract Value | (amendments only) | |
| Actual Estimated | | No change | Actual Estimated | |
| Base amount | N/A | A | Original approved contract value | |
| Reimbursables | | | Approved previous adjustments | |
| Optional Services | | | Value of this action | |
| Total contract value | N/A | A | Amended total contract value | |
| 10. Payment Method | 11. Payment Terms | | | |
| Lump Sum Payment | N/A | | | |
| Milestone or Progress-Based | | | | |
| Scheduled or Time-Based | | | | |
| OtherN/A | | | | |
| 12. Cost Adjustment | | | | |
| Not Applicable Fixed Percentage | | e - % | 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: $\overline{N/A}$ | | | | |
| 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: $\underline{N/A}$ | | | | |
| 14. Renewal or Extension Terms: | | 15. Termination and Can | Termination and Cancellation Provisions | |
| N/A For | | For Cause: N/A | r Cause: N/A | |
| For | | For Convenience: UPO | Convenience: UPON 60 DAYS NOTICE BY COUNTY | |
| 16. Deliverables, milestones or scope of this action: N/A | | | | |
| 17. List terms, considerations or deviations from standard county form. | | | | |