BROWARD BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA **EXHIBIT 1 AGREEMENT SUMMARY** 1. Other Contracting Party: STATE OF FLORIDA DEPARTMENT OF EMERGENCY MANAGEMENT 2. Proposed Action: 3. Document Type (select one): Amendment, Number New Contract Renewal Х Extension Reinstatement and Modification 4. Purpose/Description:

Reinstatement of grant agreement and six (6) month extension until December 31, 2018		
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):		6.b. Effective Dates (amendments only):
Start :		☐ No Change
End:		End date has changed fromto
		Term has from to .
7. Contract Administrator:		8. Contract Type:
Name: <u>Suzanne Weiss</u>		X Cost reimbursement
Phone: 954- <u>357-4915</u>		Firm fixed price Time and materials
		Performance-based Other
9.a. Contract Value (new contracts)		9.b. Contract Value (amendments only)
Actual Estimated		x No change Actual Estimated
Base amount		Original approved contract value 194,000
Reimbursables		Approved previous adjustments
Optional Services		Value of this action
Total contract value		Amended total contract value
10. Payment Method	11. Payment Terms	
Lump Sum Payment	Reimbursement for ap	proved hurricane mitigation costs
x Milestone or Progress-Based		
Scheduled or Time-Based		
Other		
12. Cost Adjustment		
x Not Applicable	Fixed Percentage	e% x 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:		
b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project:		
c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: $\underline{100\%}$		
14. Renewal or Extension Terms: 15.		15. Termination and Cancellation Provisions
REINSTATEMENT OF GRANT AGREEMENT AND SIX (6)		For Cause: X
MONTH EXTENSION, FROM 6-30-18 UNTIL12-31-2018		For Convenience:
		Completion of hurricane mitigation to BMSD residences
17. List terms, considerations or deviations from standard county form.		