



AGREEMENT SUMMARY

1. Other Contracting Party:

BROWARD SHERIFF'S OFFICE

2. Proposed Action:

New Contract Amendment, Number Renewal Extension

3. Document Type (select one):

Interlocal Agreement

4. Purpose/Description:

Provides

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 : 10/01/2018
End: 09/30/2023

6.b. Effective Dates (amendments only):

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

7. Contract Administrator:

Name: Pat Quinn
Phone: 954-519-1218

8. Contract Type:

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

9.a. Contract Value (new contracts)

<input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated	
Base amount	\$1,024,060.00
Reimbursables	
Optional Services	
Total contract value	\$1,024,060.00

9.b. Contract Value (amendments only)

<input type="checkbox"/> No change <input type="checkbox"/> Actual <input type="checkbox"/> 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

Reimbursement will be at the rate of \$98.47/hour for the number of hours of service provided. See Article 4.0 for full compensation details.

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:

IF COUNTY AND BSO MUTUALLY AGREE TO EXTEND THE TERM OF THIS AGREEMENT BEYOND THE INITIAL TERM, COUNTY AND BSO WILL NEGOTIATE TERMS AND CONDITIONS FOR AN EXTENDED PERIOD WHICH SHALL NOT BE MORE THAN 5 YEARS BEYOND THE INTIAL TERM.

15. Termination and Cancellation Provisions

For Cause: **IF THE PARTY IN BREACH HAS NOT CORRECTED THE BREACH WITHIN 10 DAYS AFTER RECEIVING WRITTEN NOTICE FROM AGGRIEVED PARTY.**
For Convenience: **EFFECTIVE ON TERMINATION DATE STATED IN WRITTEN NOTICE, NOT LESS THAN 30 DAYS AFTER WRITTEN NOTICE DATE.**

16. Deliverables, milestones or scope of this action:

Monthly reports

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

N/A