



AGREEMENT SUMMARY

1. Other Contracting Party:

ADVANCED PHARMACEUTICAL CONSULTANTS, INC.

2. Proposed Action:

New Contract  Amendment, Number 3  Renewal  Extension

3. Document Type (select one):

PROFESSIONAL SERVICES

4. Purpose/Description:

Provision of in-house pharmacy and medication management services to Broward County residents receiving substance abuse treatment at Broward Addiction Recovery Division's 24-hour detoxification facility.

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 NOVEMBER 30, 2018 to NOVEMBER 30, 2019.
 Term has from to .

7. Contract Administrator:

Name: JACK FEINBERG
Phone: 954-357-4860

8. Contract Type:

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

9.a. Contract Value (new contracts)

Actual  Estimated

Table with 2 columns: Description, Value. Rows: Base amount, Reimbursables, Optional Services, Total contract value.

9.b. Contract Value (amendments only)

No change  Actual  Estimated

Table with 2 columns: Description, Value. Rows: Original approved contract value (\$185,000), Approved previous adjustments (\$218,176), Value of this action (\$273,732), Amended total contract value (\$273,732).

10. Payment Method

Lump Sum Payment
 Milestone or Progress-Based
 Scheduled or Time-Based
 Other

11. Payment Terms

MONTHLY CONTRACTED RATE, PLUS REIMBURSABLES.

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: \_\_\_\_\_
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: \_\_\_\_\_

14. Renewal or Extension Terms:

N/A

15. Termination and Cancellation Provisions

For Cause: UPON BREACH NOT CORRECTED WITHIN 10 DAYS AFTER RECEIPT OF WRITTEN NOTICE OF THE BREACH.
For Convenience: BY THE BOARD.

16. Deliverables, milestones or scope of this action:

Pharmacy and medication management services.

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