



AGREEMENT SUMMARY

1. Other Contracting Party:

FLORIDA NETWORK OF CHILDREN'S ADVOCACY CENTERS (FNCAC) INC.

2. Proposed Action:

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

3. Document Type (select one):

General Revenues State Funding Agreement

4. Purpose/Description:

To provide advocacy and mental health services to children who are victims of physical and/or sexual abuse; witness to violent crimes or domestic violence; are victims of neglect or are endangered, and their non-offending family members and caregivers as well as community outreach and system coordination through a State Attorney Liaison program and other funder approved expenditures.

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 30, 2019

6.b. Effective Dates (amendments only):

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

7. Contract Administrator:

Name: Carol Cook
Phone: 954-357-9590

8. Contract Type:

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

9.a. Contract Value (new contracts)

[X] Actual [] Estimated
Base amount \$644,026
Reimbursables
Optional Services
Total contract value \$644,026

9.b. Contract Value (amendments only)

[] 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- Monthly invoices reflecting costs associated with providing the services.

11. Payment Terms

The award amount for the period July 1, 2018 through June 30, 2019 is \$644,026 which includes recurring General Revenues funds and non-recurring Special Appropriations funds for reimbursement based on the actual cost to provide advocacy and mental health services, community outreach, system coordination, and other funder approved expenditures.

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 SPECIFIED

15. Termination and Cancellation Provisions

For Cause: THIS SUBCONTRACT MAY BE TERMINATED FOR THE PROVIDER'S NON-PERFORMANCE UPON NO LESS THAN TWENTY-FOUR (24) HOURS WRITTEN NOTICE TO THE PROVIDER.
For Convenience: THIS SUBCONTRACT MAY BE TERMINATED BY EITHER PARTY UPON NO LESS THAN THIRTY (30) CALENDAR DAYS' NOTICE IN WRITING TO THE OTHER PARTY, WITHOUT CAUSE, UNLESS A LESSER TIME IS MUTUALLY AGREED UPON IN WRITING BY BOTH PARTIES. SAID

NOTICE SHALL BE DELIVERED BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED, OR IN PERSON WITH PROOF OF DELIVERY.

16. Deliverables, milestones or scope of this action: The performance measures within the Agreement require a monthly invoice and monthly expenditure report outlining the revenues and expenditures associated with the grant funds, a total of all new, active and closed cases by month and a total of each of the services provided by service type during the prior month. The measures and invoices must be submitted to the FNCAC no later than the 15th day of each month.

17. List terms, considerations or deviations from standard county form. None