



AGREEMENT SUMMARY

1. Other Contracting Party:

STATE OF FLORIDA, DEPARTMENT OF HEALTH

2. Proposed Action:

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

3. Document Type (select one):

PROFESSIONAL SERVICES

4. Purpose/Description:

Provision of prescription medications to Broward Addiction Recovery Division's clients by Department of Health pharmacies.

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 : OCTOBER 1ST, 2018
End: SEPTEMBER 30TH, 2019

6.b. Effective Dates (amendments only):

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

7. Contract Administrator:

Name: JACK FEINBERG
Phone: 954-357-4860

8. Contract Type:

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

9.a. Contract Value (new contracts)

Table with 2 columns: Description, Amount. Rows: Actual/Estimated, Base amount, Reimbursables (\$120,000), Optional Services, Total contract value (\$120,000).

9.b. Contract Value (amendments only)

Table with 2 columns: Description, Amount. Rows: 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
[X] Scheduled or Time-Based
[] Other

11. Payment Terms

MONTHLY REIMBURSEMENT AT THE CONTRACTED RATE

12. Cost Adjustment

[] Not Applicable [] Fixed Percentage - ___% [] Actual Cost
[] CPI or other Index [] Fixed Amount - \$ ___ [X] Other: Cost plus \$7.50 fee per prescription.

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:

FOUR (4) ONE-YEAR OPTION PERIODS

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:

Prescription medications.

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