



AGREEMENT SUMMARY

1. Other Contracting Party:

STATE OF FLORIDA DEPARTMENT OF HEALTH (FDOH)

2. Proposed Action:

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

3. Document Type (select one):

Billing Agreement

4. Purpose/Description:

In accordance with Section 154.001, Florida Statutes, Broward County provides annual funding to the County Health Department ("CHD") Trust Fund, which was established in 1931. This Agreement provides for the fulfillment of that obligation and enables the DOH to continue to promote and improve the health and safety of the citizens of Broward County by providing environmental health, communicable disease control, and primary care services.

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 1, 2018
End: September 30, 2019

6.b. Effective Dates (amendments only):

- [ ] No Change
[ ] End date has changed from \_\_\_ to \_\_\_
[ ] Term has from \_\_\_ to \_\_\_

7. Contract Administrator:

Name: Dorma Davis, Contract/Grants Administrator
Phone: 954-357-5388

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: Category, Value. Includes Actual/Estimated checkboxes and Base amount, Reimbursables, Optional Services, Total contract value (\$1,827,864).

9.b. Contract Value (amendments only)

Table with 2 columns: Category, Value. Includes No change/Actual/Estimated checkboxes and 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 Reimbursed as Billed

11. Payment Terms

Overall expenditures will not exceed available funding or budget authority, whichever is less, (either current year or from surplus trust funds) in any service category. Unless requested otherwise, any surplus at the end of the term of this contract in the County Health Department Trust Fund that is attributed to the CHD shall be carried forward to the next contract period.

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:

THE PARTIES MUTUALLY AGREE THAT THIS CONTRACT SHALL BE EFFECTIVE FROM OCTOBER 1, 2018, THROUGH SEPTEMBER 30, 2019, OR UNTIL A WRITTEN CONTRACT REPLACING THIS CONTRACT IS ENTERED INTO BETWEEN THE PARTIES, WHICHEVER IS LATER, UNLESS THIS CONTRACT IS OTHERWISE TERMINATED PURSUANT TO THE TERMINATION PROVISIONS SET FORTH IN PARAGRAPH 8. BELOW.

15. Termination and Cancellation Provisions

For Cause: IN THE EVENT FUNDS TO FINANCE THIS CONTRACT BECOME UNAVAILABLE, EITHER PARTY MAY TERMINATE THIS CONTRACT UPON NO LESS THAN TWENTY-FOUR (24) HOURS NOTICE..
For Convenience: THIS CONTRACT MAY BE TERMINATED BY EITHER PARTY WITHOUT CAUSE UPON NO LESS THAN ONE-HUNDRED EIGHTY (180) CALENDAR DAYS NOTICE IN WRITING TO THE OTHER PARTY UNLESS A LESSER TIME IS MUTUALLY AGREED UPON IN WRITING BY BOTH PARTIES

16. Deliverables, milestones or scope of this action:

N/A

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

N/A