## BROWARD COUNTY

## ${\bf BOARD\ OF\ COUNTY\ COMMISSIONERS,\ BROWARD\ COUNTY,\ FLORIDA}$

## **AGREEMENT SUMMARY**

**EXHIBIT 1** 

1. Other Contracting Party: FLORIDA POWER & LIGHT COMPANY				
2. Proposed Action:  3. Document Type (select one):				
New Contract	Renewal	Extension	Care to Share Program Administration	
4. Purpose/Description:				
This agreement provides for the administration of the FPL Care to Share program funds by Broward County staff. The Care to Share program utilizes contributions from FPL to assist Broward County residents with electric utility bill payments in emergency situations.				
5. Special Provisions (select if applicable):				
Living Wage Program		SBE Sheltered	SBE Sheltered Market Program	
Workforce Investment Pilot Program		M/WBE Program		
Federal DBE/ACDBE program		In-Kind Match Required: \$ or %		
CBE Program		Cash Match I	Required: \$ or %	
6.a. Effective Dates (for new agreements only):		6.b. Effective Date	6.b. Effective Dates (amendments only):	
Start : <u>1/1/19</u>		☐ No Change	No Change	
End: <u>12/31/23</u>		End date has	End date has changed from to	
		Term has	from to .	
7. Contract Administrator:		8. Contract Type:		
Name: <u>Ismael A. Martinez, Director</u>		Cost reimbur	Cost reimbursement Open-end	
Phone: 954-357-6367		Firm fixed pr	ice Time and materials	
<u> </u>		Performance	-based Other - REVENUE BASED BUDGET	
9.a. Contract Value (new contracts)		9.b. Contract Value	9.b. Contract Value (amendments only)	
Actual Estimated		No change	Actual Estimated	
Base amount	1,000,00	0	Original approved contract value	
Reimbursables			Approved previous adjustments	
Optional Services			Value of this action	
Total contract value	1,000,00	0	Amended total contract value	
10. Payment Method	11. Payment Terms	1 1		
Lump Sum Payment	FPL provides contributions it has received to County on a quarterly basis. County pays FPL			
	monthly for eligible clients, as cases are processed, until all funds are exhausted.			
Scheduled or Time-Based				
Other As funds are available				
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: $\overline{N/A}$				
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: $\overline{N/A}$				
14. Renewal or Extension Terms:		15. Termination and Cancellation Provisions		
NONE		For Cause: N/A		
F		For Convenience: 90 D	For Convenience: 90 DAYS NOTICE BY EITHER PARTY	
16. Deliverables, milestones or scope of this action:	1	Expenditure of all available funds for eligible client electric utility bills		
17. List terms, considerations or deviations from stan	ndard county form.	Agreement is in FPL's format.		