BROWARD COUNTY

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

AGREEMENT SUMMARY

EXHIBIT 1

1. Other Contracting Party: BROWARD COUNTY HOUSING AUTHORITY (BCHA)					
2. Proposed Action:			3. Document Type (select one):		
New Contract Amendment, Number Renewal		Extension	Non-Financial Agreement		
4. Purpose/Description:					
This Memorandum of Understanding identifies the responsibilities of the parties in the collaborative project addressing the downtown Fort Lauderdale homeless encampment.					
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 Required: \$ %			
6.a. Effective Dates (for new agreements only):		6.b. Effective Dates (amendments only):			
Start: <u>11/28/18</u>		☐ No Change			
End: 09/30/19		End date has changed from to			
<u> </u>		Term has from to			
T 14 M C D'		8. Contract Type:			
Name: <u>Ismael A. Martinez, Director</u> Phone: 954-357-6367		Cost reimbursement Depen-end Firm fixed price Time and materials			
Priorie. 954- <u>557-0507</u>					
9 a Contract Value (new contracts)			Performance-based Other - NON-FINANCIAL 9.b. Contract Value (amendments only)		
9.a. Contract Value (new contracts) Actual Estimated		No change	Actual Estimated		
		No change			
Base amount			Original approved contract value		
Reimbursables			Approved previous adjustments		
Optional Services			Value of this action		
Total contract value			Amended total contract value		
10. Payment Method	11. Payment Terms				
Lump Sum Payment	Not applicable.				
Milestone or Progress-Based					
Scheduled or Time-Based					
Other Not applicable					
12. Cost Adjustment					
Not Applicable Fixed Percentage -		ge - <u> </u> %	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: $\overline{N/A}$					
c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: $\overline{ ext{N}/ ext{A}}$					
14. Renewal or Extension Terms: 15.		15. Termination and Cancellation Provisions			
AUTOMATIC ANNUAL RENEWALS UNLESS TERMINATED For		For Cause: N/A			
For		For Convenience: 30 D	For Convenience: 30 DAYS WRITTEN NOTICE BY EITHER PARTY		
		BCHA to pay for rental assistance for eligible clients with funds			
		received under separate agreement 17-CP-HIP-8264-01.			
F:		FSAD to provide supportive services including case			
		management for	nanagement for eligible clients		
17. List terms, considerations or deviations from standard county form.		Agreement is in BCHA's format.			