



AGREEMENT SUMMARY

1. Other Contracting Party:

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

2. Proposed Action:

New Contract Amendment, Number Renewal Extension

3. Document Type (select one):

License Plate and Voluntary Contributions Award

4. Purpose/Description:

Provides funding to support prevention and intervention services at the Nancy J. Cotterman Center (NJCC) for child victims of physical and sexual abuse.

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 : upon execution

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:

Cost reimbursement Open-end
 Firm fixed price Time and materials
 Performance-based Other_____

9.a. Contract Value (new contracts)

Actual Estimated

Table with 2 columns: Description, Amount. Rows: Base amount (\$8,595), Reimbursables, Optional Services, Total contract value (\$8,595).

9.b. Contract Value (amendments only)

No change Actual Estimated

Table with 2 columns: Description, Amount. Rows: 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
 Other

11. Payment Terms

Payment under the terms of this agreement is made upon execution of the agreement for the full amount.

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: NA
b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: NA
c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: NA

14. Renewal or Extension Terms:

NONE

15. Termination and Cancellation Provisions

For Cause: NONE SPECIFIED
For Convenience: NONE SPECIFIED

16. Deliverables, milestones or scope of this action:

The type of prevention and intervention services provided and the number of children receiving those services.

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

None