



AGREEMENT SUMMARY

1. Other Contracting Party:

SOUTH BROWARD HOSPITAL DISTRICT (SBHD) D/B/A MEMORIAL HEALTHCARE SYSTEM

2. Proposed Action:

[X] New Contract [] Amendment, Number 2. [] Renewal [] Extension

3. Document Type (select one):

Billing Agreement

4. Purpose/Description:

Provision of primary care services to qualified low-income Broward County residents.

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: William E. Green, Administrator Health Care Services
Phone: 954-357-5398

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. Includes Actual/Estimated checkboxes and Total contract value of \$4,987,957.00.

9.b. Contract Value (amendments only)

Table with 2 columns: Description, Amount. Includes No change/Actual/Estimated checkboxes and Amended total contract value.

10. Payment Method

- [] Lump Sum Payment
[] Milestone or Progress-Based
[X] Scheduled or Time-Based
[] Other

11. Payment Terms

Equal Monthly Payments

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:

THIS AGREEMENT MAY BE RENEWED FOR UP TO FOUR (4) ADDITIONAL ONE-YEAR OPTION PERIODS.

15. Termination and Cancellation Provisions

For Cause: BY COUNTY SHALL BE BY ACTION OF THE BOARD WITH WRITTEN NOTICE PROVIDED TO MEMORIAL BY THE HUMAN SERVICES DEPARTMENT DIRECTOR OR DEPUTY DIRECTOR, WHICH TERMINATION DATE SHALL BE THE DATE STATED IN THE WRITTEN NOTICE BUT NOT LESS THAN THIRTY (30) DAYS AFTER THE DATE OF SUCH WRITTEN NOTICE.
TERMINATION FOR CAUSE BY MEMORIAL SHALL BE EFFECTIVE NOT LESS THAN THIRTY (30) DAYS AFTER NOTICE OF TERMINATION IS RECEIVED BY COUNTY.

For Convenience: THIS AGREEMENT MAY ALSO BE TERMINATED FOR CONVENIENCE BY THE BOARD. THE HUMAN SERVICES DEPARTMENT DIRECTOR OR DEPUTY DIRECTOR MAY ALSO TERMINATE THIS AGREEMENT FOR CONVENIENCE WHEN MEMORIAL CLOSES ITS BUSINESS OPERATIONS OR

OTHERWISE CEASES TO EXIST, AND THE HUMAN SERVICES DEPARTMENT DIRECTOR OR DEPUTY DIRECTOR DETERMINE THAT IMMEDIATE ACTION IS REQUIRED BY COUNTY.

16. Deliverables, milestones or scope of this action:

This agreement contains outcomes as indicators of performance. These are listed in Exhibit 3.

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

Audited financial statements shall be submitted 270 days after close of SBHD's Fiscal Year. The agreement may be renewed for up to four additional – one-year Option Periods. The renewal letter may be signed by the Contract Administrator. Use of County facilities by SBHD are set forth under a separate Agreement.