BROWARD BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA AGREEMENT SUMMARY

EXHIBIT 1

| ACINEIN OCIMINAN | | | | |
|---|------------------------|--|--|--|
| 1. Other Contracting Party: | | | | |
| FLORIDA DEPARTMENT OF HEALTH, BRO | WARD COUNTY HEALTH | DEPARTMENT | | |
| 2. Proposed Action: | | | 3. Document Type (select one): | |
| New Contract | Renewal | Extension | Memorandum of Agreement-BR992 | |
| 4. Purpose/Description: To enroll the Nancy J. Cotterman Center as a registered HIV testing site for victims of sexual assault completing a | | | | |
| sexual assault medical examination. | | | | |
| 5. Special Provisions (select if applicable): | | | | |
| Living Wage Program | | SBE Sheltere | SBE Sheltered Market Program | |
| Workforce Investment Pilot Program | | M/WBE Prog | M/WBE Program | |
| Federal DBE/ACDBE program | | In-Kind Match | In-Kind Match Required: \$ or % | |
| CBE Program | | Cash Match | Cash Match Required: \$ or % | |
| 6.a. Effective Dates (for new agreements only): | | 6.b. Effective Date | 6.b. Effective Dates (amendments only): | |
| Start: <u>upon execution</u> | | ☐ No Change | ☐ No Change | |
| (4) | | Fnd date ha | End date has changed from to | |
| End: one (1) year after execution | | | | |
| | | Term has | from to . | |
| 7. Contract Administrator: | | 8. Contract Type: | | |
| Name: <u>Carol Cook</u> | | Cost reimbu | rsement | |
| Phone: <u>954</u> - <u>357</u> - <u>9590</u> | | Firm fixed pr | | |
| | | Performance | -based Other <u>NON-FINANCIAL</u> | |
| 9.a. Contract Value (new contracts) | | 9.b. Contract Value | 9.b. Contract Value (amendments only) | |
| Actual Estimated | | No change | Actual Estimated | |
| Base amount | \$0.0 | 0 | Original approved contract value | |
| Reimbursables | | | Approved previous adjustments | |
| Optional Services | | | Value of this action | |
| Total contract value | \$0.0 | 0 | Amended total contract value | |
| 10. Payment Method | 11. Payment Terms | 1 1 | | |
| Lump Sum Payment | This is a non-financia | 1 Agreement. | | |
| Milestone or Progress-Based | Č | | | |
| Scheduled or Time-Based | | | | |
| Other- Monthly invoices reflecting costs | | | | |
| associated with providing the services. | | | | |
| 12. Cost Adjustment | | | | |
| Not Applicable | Fixed Percentag | le - % | Actual Cost | |
| CPI or other Index | Fixed Amount - | - | Other: | |
| 13. Equity Program Participation Summary | | · <u> </u> | | |
| a. County established M/WBE, SBE, 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: 15. Termination and Cancellation Provisions | | | | |
| ANNUAL RENEWAL OPTIONS FOR TWO (2) CONSECUTIVE ONE (1) YEAR TERMS For | | For Cause: BREACH OF AGREEMENT WILL RESULT IN IMMEDIATE TERMINATION. | | |
| | | For Convenience: NO LESS THAN 30 DAYS' NOTICE (AS DETERMINED BY THE | | |
| | | | ATE THE NOTICE WAS PLACED IN THE U.S. MAIL), UNLESS A LESSER TIME IS | |
| MUTUALLY AGREED UPON BY BOTH PARTIES. | | | | |
| 16. Deliverables, milestones or scope of this action: The deliverable within the agreement requires that NJCC register as a HIV certified testing | | | | |
| site annually and provide confidential HIV counseling, testing and/or referral at no charge to the NJCC client. | | | | |
| 17. List terms, considerations or deviations from standard county form. None | | | | |