



AGREEMENT SUMMARY

1. Other Contracting Party:

FLORIDA DEPARTMENT OF HEALTH, BROWARD COUNTY HEALTH DEPARTMENT

2. Proposed Action:

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

3. Document Type (select one):

Agreement-BR882

4. Purpose/Description: To enable the NJCC to offer consenting victims of sexual assault the opportunity to obtain STI and HIV counseling, testing and/or referral services as well as non-occupational post exposure prophylaxis (nPEP) treatment and for NJCC to receive courier services from the Broward County Health Department for biological samples they obtain from nPEP eligible clients.

I 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: one (1) year after execution

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 [X] Other NON-FINANCIAL

9.a. Contract Value (new contracts)

Table with 2 columns: Description, Amount. Rows: Actual/Estimated, Base amount (\$0.00), Reimbursables, Optional Services, Total contract value (\$0.00)

9.b. Contract Value (amendments only)

Table with 2 columns: Description, Amount. Rows: No change/Actual/Estimated, 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- Monthly invoices reflecting costs associated with providing the services.

11. Payment Terms

This is a non-financial Agreement.

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:

AUTOMATIC ANNUAL RENEWAL OPTIONS FOR TWO (2) CONSECUTIVE ONE (1) YEAR TERMS

15. Termination and Cancellation Provisions

For Cause: THE AGREEMENT MAY BE TERMINATED BY EITHER PARTY, WITH OR WITHOUT CAUSE, BY SUBMITTING NOTICE OF SUCH INTENT IN WRITING AT LEAST FIFTEEN (15) DAYS IN ADVANCE.

16. Deliverables, milestones or scope of this action: The deliverable within the agreement requires that NJCC collect blood specimen from eligible clients for 4th generation HIV testing and provide nPEP treatment to consenting victims of sexual assault.

17. List terms, considerations or deviations from standard county form. None