



AGREEMENT SUMMARY

1. Other Contracting Party:
SP Plus Curbside Management Joint Venture

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

3. Document Type (select one):
Concession Ground Transportation Management Services Agreement

4. Purpose/Description:
To administer and manage the functions of ground transportation and curbside management between Broward County and SP Plus Curbside Management Joint Venture at Broward County's Fort Lauderdale-Hollywood International Airport.

5. Special Provisions (select if applicable):
[X] Living Wage Program [] SBE Sheltered Market Program
[] Workforce Investment Pilot Program [] M/WBE Program
[X] Federal DBE/ACDBE program [] In-Kind Match Required: \$ _____ or _____ %
[] CBE Program [] Cash Match Required: \$ _____ or _____ %

6.a. Effective Dates (for new agreements only):
Start : May 1, 2019
End: May 1, 2024

6.b. Effective Dates (amendments only):
[] No Change
[] End date has changed from _____ to _____.
[] Term has from _____ to _____.

7. Contract Administrator:
Name: Karolynn Willman
Phone: 954-359-2318

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. Rows: Actual/Estimated, Base amount (26,093,171.00), Reimbursables (5,038,000.00), Optional Services, Total contract value (\$31,131,171.00)

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
[X] Scheduled or Time-Based
[X] Other Monthly Reimbursables

11. Payment Terms
Monthly Management Fee which is based upon fully burdened hourly rates per employee work hour by job classification plus reimbursables paid monthly for actual approved expenses such as office facility costs, restroom facilities for staging lots, tents for staging lots, permits for tents, trash services for staging lots, replacement of AVI readers and other field equipment, etc.

12. Cost Adjustment
[] Not Applicable [] Fixed Percentage - ___% [] Actual Cost
[X] CPI or other Index [] Fixed Amount - \$_____ [] Other: Living Wage pass through as specified in the agreement

13. Equity Program Participation Summary
a. County established M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal for this action or project: 25%
b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: 30.50%
c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: N/A

14. Renewal or Extension Terms:
NONE

15. Termination and Cancellation Provisions
For Cause: If the party in breach has not corrected the breach within 10 days after receipt of the written notice
For Convenience: By the Board upon not less than 30 days written notice

16. Deliverables, milestones or scope of this action:
Operations and Management Services for Ground Transportation and curbside management

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