



AGREEMENT SUMMARY

1. Other Contracting Party:

NORTH BROWARD HOSPITAL DISTRICT D/B/A BROWARD HEALTH

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 in accordance with F.S. § 154.011.

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, Value. Includes Actual/Estimated selection and Total contract value of \$8,495,420.00.

9.b. Contract Value (amendments only)

Table with 2 columns: Description, Value. Includes No change/Actual/Estimated selection 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) ONE-YEAR OPTION PERIODS.

15. Termination and Cancellation Provisions

For Cause: THE AGREEMENT MAY BE TERMINATED FOR CAUSE BY EITHER PARTY
For Convenience: THE AGREEMENT MAY BE TERMINATED FOR CONVENIENCE BY THE BOARD.

16. Deliverables, milestones or scope of this action:

This agreement contains outcomes as indicators of performance. These are listed in Exhibit 4.

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

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