



AGREEMENT SUMMARY

1. Other Contracting Party:

BROWARD BEHAVIORAL HEALTH COALITION, INC.

2. Proposed Action:

New Contract  Amendment, Number 1  Renewal  Extension

3. Document Type (select one):

Grant Agreement

4. Purpose/Description:

Through Contract 34345-18, EVSD provides community-based older adult mental health services to eligible Broward County residents. This amendment decreases contract amount by \$45,707 to adjust grant funding based on the prior year's lapse.

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 : \_\_\_\_\_
End: \_\_\_\_\_

6.b. Effective Dates (amendments only):

- No Change
 End date has changed from \_\_\_\_\_ to \_\_\_\_\_.
 Term has from \_\_\_\_\_ to \_\_\_\_\_.

7. Contract Administrator:

Name: Andrea Busada
Phone: 954-357-6622

8. Contract Type:

- Cost reimbursement  Open-end
 Firm fixed price  Time and materials
 Performance-based  Other \_\_\_\_\_

9.a. Contract Value (new contracts)

Table with 2 columns: Category, Value. Rows: Actual/Estimated, Base amount, Reimbursables, Optional Services, Total contract value.

9.b. Contract Value (amendments only)

Table with 2 columns: Category, Value. Rows: No change/Actual/Estimated, Original approved contract value (\$445,348), Approved previous adjustments, Value of this action (\$45,707), Amended total contract value (\$399,641).

10. Payment Method

- Lump Sum Payment
 Milestone or Progress-Based
 Scheduled or Time-Based
 Other

11. Payment Terms

BBHC reimburses County for the delivery of service units provided at a maximum monthly prorated amount equal to 1/12th of the total contract amount.

12. Cost Adjustment

- 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:

NON-RENEWABLE

15. Termination and Cancellation Provisions

For Cause: By BBHC upon no less than 24 hours' notice in writing. By BBHC immediate termination from material breach of Business Associate Agreement. By the County with 30 days written notice.
For Convenience: By BBHC upon no less than 30 calendar days in writing. By County with 90 day written notice if program funding becomes unavailable.

16. Deliverables, milestones or scope of this action:

Monthly provision of behavioral health services to eligible individuals.

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

This Amendment to a Grant Agreement is in the Broward Behavioral Health Coalition (BBHC) standard contract format. BBHC will sign last following County's approval and signature.