



AGREEMENT SUMMARY

1. Other Contracting Party:

AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY, INC.

2. Proposed Action:

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

3. Document Type (select one):

Grant Agreement Wellness Title III

4. Purpose/Description:

To provide caregiver training and support services in accordance to Title III of the Older Americans Act

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 : 01/01/2019
End: 12/31/2019

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:

[X] Cost reimbursement [] Open-end
[X] Firm fixed price [] Time and materials
[] Performance-based [] Other

9.a. Contract Value (new contracts)

[X] Actual [] Estimated
Base amount
Reimbursables
Optional Services
Total contract value \$53,127

9.b. Contract Value (amendments only)

[] 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
[] Other

11. Payment Terms

This is a deliverable contract subject to the availability of funds. County bills monthly. All requirements for payments are processed utilizing Florida Department of Elder Affairs procedures and documents.

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:

NON RENEWABLE

15. Termination and Cancellation Provisions

As per article 52 of Master Agreement JM018-15-2020, Council may terminate this agreement by convenience at its sole discretion and interest by written notice to County; and by cause, if County fails to comply with service delivery, program progress, other contractual terms and/or applicable statutory regulations.

16. Deliverables, milestones or scope of this action:

Services shall be planned, developed and accomplished under the conditions specified in contract. Recipient is reimbursed for provisions of such services.

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

The agreement is in the State of Florida standard contract format. Council, acting on behalf of the State of Florida, will sign last following County's signature.

