



AGREEMENT SUMMARY

1. Other Contracting Party:
BROWARD SHERIFF'S OFFICE

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

3. Document Type (select one):
Extension Agreement

4. Purpose/Description:
To support four (4) Certified Peer Recovery Specialists ("CPRS") to be deployed at North Broward Hospital District d/b/a Broward Health ("Broward Health") who will provide peer mentoring services to non-fatal overdose patients receiving emergency services.

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 : Upon Execution
End: September 29, 2022

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

7. Contract Administrator:
Name: Jack Feinberg
Phone: 954-357-4830

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 columns Actual and Estimated. Rows: Base amount (\$230,482), Reimbursables (0), Optional Services (0), Total contract value (\$230,482)

9.b. Contract Value (amendments only)
Table with columns No change, Actual, Estimated. Rows: 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
BSO will reimburse the County within 30 days of receipts of monthly invoices.

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:
THREE ONE-YEAR OPTIONAL RENEWAL TERMS

15. Termination and Cancellation Provisions
For Cause: EITHER PARTY MAY PROVIDE WRITTEN NOTICE OF BREACH. THE BREACHING PARTY HAS TEN (10) DAYS FROM RECEIPT TO CURE THE BREACH. IF BREACH IS NOT CURED WITHIN TEN (10) DAYS, THE NONBREACHING PARTY RESERVES THE RIGHT TO IMMEDIATELY TERMINATE AGREEMENT FOR CAUSE.
For Convenience: EITHER PARTY MAY TERMINATE FOR CONVENIENCE UPON THIRTY (30) DAYS WRITTEN NOTICE TO THE OTHER PARTY.

16. Deliverables, milestones or scope of this action:
The measurable objectives are: engage 85% of the patients presenting to the emergency room into treatment and recovery

resources; provide education overdose prevention to 150 patients who are engaged by a CPRS; re-engage 70% of the patients not engaged in treatment after emergency room discharge back into treatment through welfare visits; and reduce the number of repeated overdoses to the hospital emergency room by 25%

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

The Agreement is in BSO's format, thus BSO will sign last following approval by the Board of County Commissioners.

Rev. 1/1/15