## BROWARD COUNTY

## BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA

## AGREEMENT SUMMARY

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PLOKIDA									
1. Other Contracting Party:									
FEDERAL EMERGENCY MANAGEMENT AGENCY									
2. Proposed Action:		3. Document Type (select one):							
New Contract		Extension	Agreement						
4. Purpose/Description:									
Implement the FEMA STEP program to provide the most basic, life sustaining emergency repairs to single family, owner-occupied									
residential properties damaged by Hurricane Irma.									
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 F	Cash Match Required: \$ or%						
6.a. Effective Dates (for new agreements only):		6.b. Effective Dates	6.b. Effective Dates (amendments only):						
Start: 10/10/17		No Change	☐ No Change						
10/00/45	Fnd date has	End date has changed from to							
End: <u>12/09/17</u>	Term has								
7.0-4-14-1-1-1-1			from to .						
7. Contract Administrator:			8. Contract Type:						
Name: Miguel Ascarrunz			Cost reimbursement Open-end						
Phone: 954- <u>831</u> - <u>3908</u>	Firm fixed pri	=	erials						
		Performance-	-based Other						
9.a. Contract Value (new contracts)		9.b. Contract Value	(amendments only)	_					
Actual Estimated	☐ No change	Actual	Estimated						
Base amount		Original approved contract value							
Reimbursables	0	Approved previous adjustments							
Optional Services			Value of this action						
Total contract value	10,000,00	0	Amended total contract value						
10. Payment Method 11. Payment Terms									
Lump Sum Payment	N/A								
Milestone or Progress-Based									
Scheduled or Time-Based									
Other									
12. Cost Adjustment									
Not Applicable	Fixed Percentag	e - %	Actual Cost						
CPI or other Index	<del></del>								
CPI or other Index Fixed Amount - \$ Other:									
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:	tioipation to date. 11/11	15. Termination and Can	5. Termination and Cancellation Provisions						
UPON MUTUAL WRITTEN AGREEMENT	For Cause: 30 DAYS WRITTEN NOTICE								
S. SHIMOTONE WITH TELYNORELINEIN	For Convenience: 30 DAYS WRITTEN NOTICE								
16. Deliverables, milestones or scope of this action:	Reimbursement of select, Hurricane Irma related emergency response costs.								
17. List terms, considerations or deviations from stand	dard county form.	N/A							