

CONTRACT SUMMARY

CITY OF FORT LAUDERDALE
PROCUREMENT SERVICES DEPARTMENT

Period Covered:
3/1/10 – 2/28/11

Contract No.:
102-10454

Master Blanket:
N/A

Awarded Vendor:

Henderson Mental Health Center, Inc.
4740 North State Road 7
Lauderdale Lakes, FL 33319

Delivery: N/A
Payment Terms: Net 30

Attn: Debra Goldman
954-463-0911
Fax 954-485-4006
Email: dgoldman@hendersonmhc.org

Insurance Coverage Required: Yes No
Authorized for Purchases: Under \$25,000 Over
Extension Options: Yes No Years: 3, 1 yr extensions

DEATH NOTIFICATION AND BEREAVEMENT COUNSELING SERVICES

Death Notification / Call out	\$ 100.00 / hour
Follow up Grief Counseling	\$ 100.00 / hour

Department Contract Co-Ordinator: Wade Brabble, Police, (954) 828-4902

Procurement Specialist: Michael F. Walker, CPPB, A.P.P., FCPM, FCPA

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THIS AGREEMENT, made and entered into this 3rd day of February, 2010, is by and between the City of Fort Lauderdale, a Florida municipality, ("City"), whose address is 100 North Andrews Avenue, Fort Lauderdale, FL 33301-1016, and Henderson Mental Health Center, Inc., a Florida non profit corporation ("Contractor"), whose address and phone are 4740 North State Road 7, Lauderdale Lakes, FL 33319, Phone 954-469-0911, Fax: 954-485-4006.

WHEREAS, the City issued Invitation to Bid Number 102-10454 ("ITB"), and the Contractor submitted a bid in response to the ITB; and

WHEREAS, on February 3, 2010, the Procurement Director of the City of Fort Lauderdale approved an agreement with Contractor for the goods or services described in the ITB

NOW, THEREFORE, for and in consideration of the mutual promises and covenants set forth herein and other good and valuable consideration, the City and the Contractor covenant and agree as follows:

1. The Contractor agrees to provide to the City Death Notification and Bereavement Counseling Services in accordance with and in strict compliance with the specifications, terms, conditions, and requirements set forth in the ITB and any and all addenda thereto beginning March 1, 2010 and ending February 28, 2011 for the requirements listed above.

2. This contract form, the ITB, any and all addenda to the ITB, and the Contractor's proposal in response to the ITB are integral parts of this Contract, and are incorporated herein.

3. In the event of conflict between or among the contract documents, the order of priority shall be as follows:

First, this contract form;

Second, any and all addenda to the City's ITB in reverse chronological order;

Third, the ITB;

Fourth, the Contractor's response to any addendum requiring a response;

Fifth, the Contractor's bid in response to the ITB.

4. The Company warrants that the goods and services supplied to the City pursuant to this Contract shall at all times fully conform to the specifications set forth in the ITB and be of the highest quality. In the event the City, in the City's sole discretion, determines that any product or service supplied pursuant to this Contract is defective or does not conform to the specifications set forth in the ITB the City reserves the right unilaterally to cancel an order or cancel this Contract upon written notice to the Contractor, and reduce commensurately any amount of money due the Contractor.

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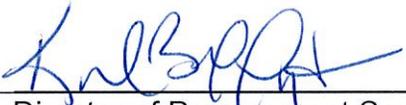
5. The City may cancel this Contract upon written notice to the Contractor in the event the Contractor fails to furnish the goods or perform the services as described in the ITB within 30 days following written notice to the Contractor.

6. The Contractor shall not present any invoice to the City that includes sales tax (85-8012514506C-7) or federal excise tax (59-6000319).

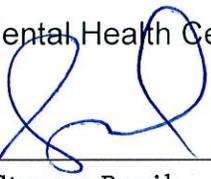
7. Contractor shall direct all invoices in duplicate for payment to Finance Department, City of Fort Lauderdale, 100 N. Andrews Avenue, 6th Floor, Fort Lauderdale, FL 33301. Any applicable discount MUST appear on the invoice.

IN WITNESS WHEREOF, the City and the Contractor execute this Contract as follows:

CITY OF FORT LAUDERDALE

By: 
Director of Procurement Services

Henderson Mental Health Center, Inc.

By: 
Print Name: Steven Ronik, Ed.D.
Title: Chief Executive Officer
(If not president of corporation or managing member of limited liability company, please attach proof of authorization.)

ATTEST:


Print Name: Bumadee Norris-Weeks
Title:  Corporate Secretary
(Secretary for corporation;
member or manager for L.L.C.)