

PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC FUNDING AGREEMENT
Second Option of Renewal

THIS SECOND RENEWAL, effective upon the date executed below, by and between **PINELLAS COUNTY**, a political subdivision of the State of Florida, hereinafter called the "**COUNTY**," and **PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.**, a non-profit Florida corporation, whose address is 11254 58th St. Pinellas Park, Florida, 33782, hereinafter called the "**AGENCY**." The Parties hereby renew the PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC. FUNDING AGREEMENT (Agreement) for crisis stabilization services between the **COUNTY** and **AGENCY** dated August 18, 2015, amended and renewed June 5, 2018; and amended October 29, 2018.

WITNESSETH:

WHEREAS, the **COUNTY** recognizes a need for a Baker Act receiving facility and Emergency Mental Health Services within Pinellas County; and

WHEREAS, the **AGENCY** is the only public Baker Act receiving facility and provides substance abuse and mental health services in Pinellas County; and

WHEREAS, the **COUNTY** desires to sustain services available to citizens in need.

NOW, THEREFORE, the parties hereto do mutually agree as follows:

1. This Agreement is hereby renewed pursuant to Section 2 thereof, effective October 1, 2019 and shall expire September 30, 2020, unless terminated or cancelled as provided therein.
2. Except as herein provided, all other terms and conditions of the Agreement remain in full force and effect.

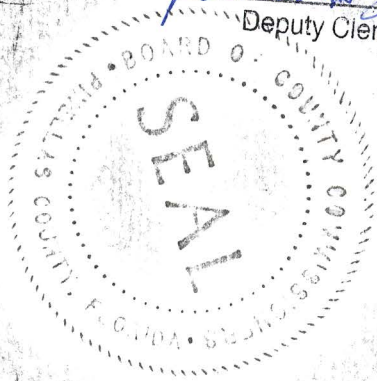
SIGNATURE PAGE FOLLOWS

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IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed on
the day and year written below.

PINELLAS COUNTY, FLORIDA, by and
through its Board of County Commissioners

ATTEST: KEN BURKE, CLERK
By: *Monica D. Loy*
Deputy Clerk



By: *Karen Seel*
Karen Williams Seel, Chair

Date: *9/12*, 2019

PERSONAL ENRICHMENT
THROUGH MENTAL HEALTH
SERVICES, INC., a non-profit Florida
Corporation

By: *Maxine Booker*
Maxine Booker
Acting CEO

Date: *8/12/19*, 2019

APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY

By: *[Signature]*
Assistant County Attorney