

HUMAN SERVICES FUNDING AGREEMENT

THIS AGREEMENT (Agreement), effective upon the date executed below, by and between **PINELLAS COUNTY**, a political subdivision of the State of Florida, hereinafter called the "**COUNTY**," and **CATHOLIC CHARITIES DIOCESE OF ST. PETERSBURG, INC.**, a non-profit Florida corporation, whose address is 1213 16th Street North, Saint Petersburg, FL 33705, hereinafter called the "**AGENCY**."

WITNESSETH:

WHEREAS, the **COUNTY** desires to utilize a portion of the funds available out of Pinellas County's General Fund to assist social service agencies within Pinellas County; and

WHEREAS, the **AGENCY** continues to provide housing opportunities for homeless and disabled populations within Pinellas County; and

WHEREAS, the **COUNTY** is interested in furthering access to supportive housing within the community; and

WHEREAS, the local Continuum of Care, the Homeless Leadership Board (HLB), passed a resolution requiring permanent housing projects to operate under a Housing First philosophy; and

WHEREAS, the HLB encourages and supports all programs that serve homeless individuals and families to operate from a Housing First model; and

WHEREAS, the **COUNTY** supports the HLB and its Housing First philosophy; and

WHEREAS, the **COUNTY** is committed to working closely with the **AGENCY** to support continued incorporation of Housing First best practices and recognizes not all funded programs may currently be Housing First.

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 continuing for a period of 12 months from that date unless terminated or cancelled as provided therein.

2. Sections 9 and 10, “**Disaster Response**” is hereby combined and amended to read:
 - a) **AGENCY** will work with the **COUNTY** to prepare and respond in the event of an emergency or disaster.
 - b) **AGENCY** will work on its Continuity of Operations Plan and Disaster Response Plan in coordination with the **COUNTY**, including staffing plans where necessary and appropriate.
 - c) The **COUNTY** agrees to support previously approved funded programs for a period of at least sixty (60) days after a disaster has been declared, provided the program agrees to address needs for disaster response and recovery efforts as directed by the **COUNTY**, unless otherwise indicated by a superseding authority such as state or federal government or licensing body.
 - d) The **COUNTY** will seek to leverage the skills and services of the **AGENCY**, as appropriate or applicable; however, other disaster duties may be assigned. This period may be extended within the current contract period at the discretion of the Human Services Director.

3. Section 31, “**Housing First and Coordinated Entry**” is hereby amended to add:
 - a) **AGENCY** agrees to support the Housing First philosophy and participate in coordinated entry as established and implemented by the local Continuum of Care.
 - b) **AGENCY** agrees to operate from a low-barrier model, defined as homeless assistance that prioritizes rapid placement and stabilization in permanent housing and does not have preconditions and barriers to entry such as sobriety, treatment and service

- participation requirements, or minimum income threshold.
- c) **AGENCY** agrees to provide **COUNTY** with an annual Housing First/Low Barrier Questionnaire as adopted by the HLB at the start of each contract period.
 - d) **AGENCY** agrees to demonstrate status and efforts of the Housing First model.
4. Except as herein provided, all other terms and conditions of the Agreement remain in full force and effect.

SIGNATURE PAGE FOLLOWS

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 County Administrator

By: _____
Barry A. Burton

Date: _____, 2019

CATHOLIC CHARITIES DIOCESE OF ST. PETERSBURG, INC., a non-profit Florida Corporation

By: _____
Frank V. Murphy, III
President

Date: _____, 2019

APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY

By: _____
Assistant County Attorney