

PINELLAS COUNTY HEALTH PROGRAM
INTERLOCAL AGREEMENT
First Option of Renewal

THIS AGREEMENT made and entered into on the date below, by and between PINELLAS COUNTY, a political subdivision of the State of Florida, hereinafter referred to as the "**COUNTY**", and FLORIDA DEPARTMENT OF HEALTH, an agency of the state of Florida providing public health services in Pinellas County, herein after referred to as the "**PROVIDER**".

WITNESSETH:

WHEREAS, the **COUNTY** desires to continue to increase access to health care for the low-income uninsured residents of Pinellas County through the Pinellas County Health Program (PCHP) and the Mobile Medical Unit (MMU); and

WHEREAS, it is the goal of the **COUNTY** to increase access to quality healthcare, improve the health outcomes of low-income/high risk individuals, and reduce health disparities in Pinellas County; and

WHEREAS, **PROVIDER** desires to continue working with the **COUNTY** to provide health care services to adult (18-64 years) uninsured residents of Pinellas County; and

WHEREAS, **PROVIDER** will work with key stakeholders from multiple agencies in Pinellas County to provide these primary health care services; and

WHEREAS, the **COUNTY** desires that the **PROVIDER** provide for quality assurance, behavioral health, prescription assistance, specialty services and dental services in order to promote overall integrated health services for eligible clients; and

WHEREAS, **PROVIDER** is a strategic partner with the **COUNTY** and participates in the planning and implementation of effective cost containment and health quality measures.

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

1. This Agreement is hereby renewed pursuant to Section two (2) thereof, effective October 1, 2016, continuing for a period of twelve months from that date 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]

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

ATTEST:
Ken Burke
Clerk of Circuit Court

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

By: _____
Deputy Clerk

By: _____
Chairman

Date: _____

ATTEST:
By: _____

FLORIDA DEPARTMENT OF HEALTH


By: _____

Print Name: _____

Title: _____

Date: _____

APPROVED AS TO FORM

By: 

Office of the County Attorney