

HUMAN SERVICES FUNDING AGREEMENT  
FIRST RENEWAL

THIS FIRST RENEWAL is effective upon the date executed below, by and between **PINELLAS COUNTY**, a political subdivision of the State of Florida, hereinafter referred to as the "**COUNTY**", and **HOMELESS LEADERSHIP ALLIANCE OF PINELLAS, INC.** a non-profit Florida corporation, whose address is 647 1<sup>st</sup> Avenue North, St. Petersburg, Florida 33701, hereinafter referred to as "**AGENCY**". The Parties hereby renew the HUMAN SERVICES FUNDING AGREEMENT for the Diversion Program (Agreement) between the **COUNTY** and **AGENCY** dated August 6, 2019.

WITNESSETH:

WHEREAS, the **COUNTY** has determined that **AGENCY** provides a critical service for the citizens of Pinellas County through its coordination and leadership of homeless services, shelter, and housing; and

WHEREAS, the **COUNTY** has determined that **AGENCY** has proven its dedication and efficiency in coordinating programs that benefit the homeless; and

WHEREAS, the **COUNTY** is committed to supporting programs that seek to prevent and remedy the causes of homelessness and move individuals and families from homelessness into permanent housing; and

WHEREAS, the **AGENCY** has represented that it is able and willing to provide the services described herein; and

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

1. This Agreement is hereby renewed pursuant to Section 2 thereof, effective October 1, 2020, and continuing for a period of 12 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 day and year written below.

PINELLAS COUNTY, FLORIDA, by and through its County Administrator

By: \_\_\_\_\_  
Barry A. Burton

Date: \_\_\_\_\_, 2020

HOMELESS LEADERSHIP ALLIANCE OF PINELLAS, INC.

By: \_\_\_\_\_  
Susan Myers, CEO

Date: \_\_\_\_\_, 2020

APPROVED AS TO FORM  
OFFICE OF COUNTY ATTORNEY

By: \_\_\_\_\_  
Assistant County Attorney