

**HUMAN SERVICES FUNDING AGREEMENT
BAYCARE HOME CARE, INC.
First Option of Renewal**

THIS 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 BAYCARE HOME CARE, INC., a Florida not-for-profit corporation, whose address is 118th Avenue North, Largo, FL 33773, hereinafter called the "AGENCY."

WITNESSETH:

WHEREAS, the COUNTY is committed to assisting residents in need of medical care; and

WHEREAS, indigent Pinellas County residents require medical services which they cannot afford; and

WHEREAS, the COUNTY desires to divert the inappropriate use of emergency room facilities by citizens of Pinellas County; and

WHEREAS, the COUNTY, after full consideration, determined that the AGENCY provides the broadest geographical coverage for provision of services to residents of Pinellas County enrolled in the Pinellas County Health Program; and

WHEREAS, the AGENCY has the capacity to provide home health services to eligible Pinellas County residents; and

WHEREAS, the COUNTY recognizes that the AGENCY is providing an essential service within the community; 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, 2019, and 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

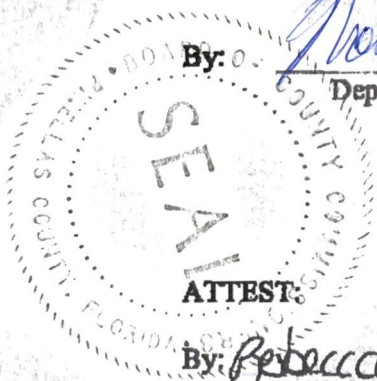
IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed on the
day and year written below:

ATTEST:
Ken Burke
Clerk of Circuit Court

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

By: *Monica D. Long*
Deputy Clerk

By: *Karen Seel*
Chairman



ATTEST:
By: *Rebecca Carpenter*

BAYCARE HOME CARE, INC.

By: *Kathleen DeMarco*
Title: *Vice President*
Date: *7/23/19*

APPROVED AS TO FORM

By: *[Signature]*
Office of the County Attorney