

**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

By: 

Deputy Clerk

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

By: 

Chairman

Date: 9-14-16

ATTEST:

By: \_\_\_\_\_

By: 

Print Name: DAVID MYERS

Title: ACTING DEPUTY SECRETARY (COUNTY) HEALTH SYSTEMS

Date: 9/20/16

APPROVED AS TO FORM

By: 

Office of the County Attorney