

HUMAN SERVICES FUNDING AGREEMENT
FIRST RENEWAL AND AMENDMENT 1

THIS FIRST RENEWAL and AMENDMENT 1 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 1st Avenue North, St. Petersburg, Florida 33701, hereinafter referred to as "**AGENCY**". The Parties hereby renew and amend as set forth herein the HUMAN SERVICES FUNDING AGREEMENT for Operational Costs and Direct Services (Agreement) between the **COUNTY** and **AGENCY** dated September 26, 2017.

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 **AGENCY** has represented that it is able and willing to continue to provide the services described in the original Agreement and as amended 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. Section 9, "**Disaster Response**" is hereby amended to read:

Emergency, Disaster, or Critical Event Response.

Community partners are critical to effective community response in a disaster. **AGENCY** must effectively prepare their organization for continuity of continued services as necessary prior,

during, and post disaster and must be ready to respond to community needs as determined appropriate and necessary by the **COUNTY** under this agreement. At a minimum, this may include:

a) **AGENCY** will work with the **COUNTY** to prepare and respond in the event of an emergency, disaster, or critical event response.

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. A copy will be provided to the **COUNTY** each year prior to June 1st or otherwise upon request.

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. This period may be extended within the current contract period at the discretion of the Human Services Director.

d) The **COUNTY** will seek to leverage the contracted skills and services of the **AGENCY**, as appropriate or applicable; however, other duties may be assigned to the **AGENCY** as required by the **COUNTY** for response. This may include reassignment of **COUNTY** funded staff and resources under the agreement or other dedicated **AGENCY** assistance to aid with community response.

e) Cooperative plans regarding preparedness and emergency event operations will be developed and maintained by the **COUNTY** and **AGENCY** as necessary for response. These plans will be implemented using the County's established activation process for events. For man-

made or sudden onset events the **COUNTY** and **AGENCY** will discuss community impacts and decide how best to meet the community's response. Along with immediate response, **AGENCY** agrees to participate in follow-up activities to help stabilize the community in a coordinated manner such as resource connection events, outreach, and adjustments to service delivery to meet needs.

f) If **AGENCY** is unwilling to perform per sections 11(a-e), payments may be withheld in whole or in part at the direction of the Director of Human Services until operations continue.

g) **AGENCY** will track and maintain detailed operational records when activated.

h) **AGENCY** shall require and assist in coordinating similar emergency, disaster, or critical event responses from subcontracted service providers paid under this or any other **COUNTY** contract.

3. 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: August 12, 2020

HOMELESS LEADERSHIP ALLIANCE OF PINELLAS, INC.


By: 
Susan Myers, CEO

Date: August 4, 2020

APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY

By: _____
Assistant County Attorney

APPROVED AS TO FORM

By: 
Office of the County Attorney