

**SOCIAL ACTION FUNDING AGREEMENT**

**Second Amendment**

THIS AGREEMENT (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 **NEIGHBORLY CARE NETWORK, INC.**, a non-profit Florida corporation, whose address is 13945 Evergreen Avenue, Clearwater, FL 33762, hereinafter called the "**AGENCY**."

**WITNESSETH:**

WHEREAS, the **COUNTY** in collaboration with the **AGENCY** has determined unmet needs within the community that continue to exist in the program; and

WHEREAS, the **COUNTY** believes that additional funding of this program will allow for a more robust and far reaching level of assistance to address the unmet needs of the homeless population in Pinellas County; and

WHEREAS, the **AGENCY** is a licensed and bona fide non-profit corporation open to the public and dedicated to a worthy public purpose and is providing an essential service within the community and has demonstrated the need for financial assistance.

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

1. Section 3(a) under "Compensation" is amended to read as follows, "The **COUNTY** agrees to pay the **AGENCY** an amount not to exceed **ONE HUNDRED NINETY SIX THOUSAND** and NO/00 DOLLARS (\$196,000.00) in the fiscal year dated October 1, 2018, through September 30, 2019, for the purchase of food/nutrition services through the Meals on Wheels program."
2. Section 3 under "Compensation" is hereby amended to add, "e) The **COUNTY** may require invoicing as an itemized list, a fully costed per meal rate, or other methodology determined necessary to effectively manage agreement expenditures and reimbursement."

**SOCIAL ACTION FUNDING AGREEMENT**  
**Second Amendment**

3. Except as herein provided, all other terms and conditions of the Agreement remain in full force and effect.

**SIGNATURE PAGE FOLLOWS**

SOCIAL ACTION FUNDING AGREEMENT  
Second Amendment

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: \_\_\_\_\_

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

ATTEST

NEIGHBORLY CARE NETWORK, INC.,  
a non-profit Florida Corporation

By: Mona Allen

By: [Signature]  
David J. Lomaka, Executive Director

Date: 11-01, 2018

APPROVED AS TO FORM  
OFFICE OF COUNTY ATTORNEY

By: [Signature]  
Assistant County Attorney