

HUMAN SERVICES FUNDING AGREEMENT
Second Amendment

THIS AGREEMENT (Agreement), effective retroactive to October 1, 2017, by and between **PINELLAS COUNTY**, a political subdivision of the State of Florida, hereinafter called the "**COUNTY**," and **211 TAMPA BAY CARES, INC.**, a non-profit Florida corporation, whose address is 14155 58th Street, Suite 211, Clearwater, FL 33760, hereinafter called the "**AGENCY**."

WITNESSETH:

WHEREAS, it is in the public interest to provide certain service programs and activities to Pinellas County citizens; and

WHEREAS, the **COUNTY** is committed to both enhancing the delivery of human services and increasing citizen access to those services; and

WHEREAS, the **AGENCY** currently maintains the only free, confidential, multi-lingual, 24-hour dialing code 2-1-1 for access to community information, services and resources; and

WHEREAS, the **COUNTY** recognizes that the **AGENCY** is providing these essential services within the community; and

WHEREAS, the Board of County Commissioners is committed to promoting efforts directed towards improving the coordination of the **COUNTY**'s funding and service delivery system; and

WHEREAS, the **AGENCY** has the unique ability to utilize its information system and resource data base to assist in monitoring changing community need and support the work of the **COUNTY** to enhance the effectiveness of community services.

NOW THEREFORE, the **COUNTY** and **AGENCY** agree as follows:

1. Section 1 under "Scope of Services" is hereby amended as follows:

The **AGENCY**, through its 2-1-1 program, shall be responsible for providing twenty-four

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(24) hour telephonic information and referrals for community services, human services, mental health and substance abuse treatment programs, financial assistance programs, and other community assistance programs, as well as twenty-four (24) hour crisis intervention counseling, information and referrals and additional late night shift coverage.

2. Section 3(a) under “Compensation” is hereby amended as follows:

The **COUNTY** agrees to pay the **AGENCY** an amount not to exceed **FIVE HUNDRED THIRTY SIX THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS** (\$536,250.00) per fiscal year for the services described in Section 1 of this Agreement, distributed as follows:

\$416,250.00 – Personnel and operational expenses for the call center

\$120,000.00 – Additional late night call staff and increased salary support
for 2-1-1 crisis staff

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

[Signature Page Follows]

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IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed on
the day and year first above written.

PINELLAS COUNTY, FLORIDA, by and
through its County Administrator

By:

Mark Woodard

Date: _____, 2017

211 TAMPA BAY CARES, INC.

By:

Micki Thompson, CEO

Date: _____, 2017

APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY

By: _____
Assistant County Attorney