

## HUMAN SERVICES FUNDING AGREEMENT

### First Amendment

THIS AGREEMENT (Agreement), effective retroactive to October 1, 2016, 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 hosts a centralized, private, secure web-based data base for 2-1-1 staff and health and human service providers to enter, manage and share client information electronically; 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 **COUNTY** management 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:

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1. Section 3 under “Compensation” is hereby amended as follows:
  - a. The **COUNTY** agrees to pay the **AGENCY** an amount not to exceed **FOUR HUNDRED SIXTEEN THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS** (\$416,250.00) per fiscal year for the services described in Section 1 of this Agreement.
  - b. All requests for reimbursement payments must be submitted on a quarterly basis and shall consist of an invoice for the quarterly amount, signed by an authorized **AGENCY** representative, and include all documentation such as the cost of services provided, invoices, receipts, or copies of time slips or pay stubs which verify the services for which reimbursement is sought. Invoices shall be sent electronically to the Contract Manager within forty five (45) days of the end of the quarter. Invoicing due dates may be shortened as necessary to meet fiscal year deadlines or grant requirements The **COUNTY** shall not reimburse the **AGENCY** for any expenditures in excess of the amount budgeted without prior approval or notification.
  
2. 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: \_\_\_\_\_, 2016

211 TAMPA BAY CARES, INC.

By:

\_\_\_\_\_  
Micki Thompson, CEO

Date: \_\_\_\_\_, 2016

APPROVED AS TO FORM  
OFFICE OF COUNTY ATTORNEY

By: \_\_\_\_\_  
Assistant County Attorney