

PINELLAS COUNTY HEALTH PROGRAM
INTERLOCAL AGREEMENT
Second and Final Option of Renewal
And Amendment 3

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 Healthcare for the Homeless (HCH) program; 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, 2017, continuing for a period of twelve months from that date unless terminated or cancelled as provided therein.
2. The dollar amount in Section 4, Compensation, is hereby amended to read, “an amount not to exceed Eleven Million, Six Hundred Sixty-Two Thousand, One Hundred and Seventy Dollars (\$11,662,170.00) per fiscal year...”
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 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: 9.14.17

ATTEST:

By: _____

FLORIDA DEPARTMENT OF HEALTH

By: 

Print Name: PAUL D. MYERS

Title: DEP. SEC. CHS

Date: 9/20/17

APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY

By: 
Attorney