

MEMORANDUM OF UNDERSTANDING

Between

UNITED WAY OF BROWARD COUNTY, Inc.

And

CITY OF FORT LAUDERDALE

Regarding the

CHRONIC HOMELESS HOUSING COLLABORATIVE PROJECT

This Memorandum of Understanding (“MOU”) is entered into by the United Way of Broward, Inc., a Florida non-profit corporation, (“United Way”) and the City of Fort Lauderdale, a municipal corporation of the State of Florida (“City”), collectively the “Parties.”

The United Way has a long-term and extensive commitment to the homeless in our community. This is evidenced by funding programs addressing a wide array of services and actively engaging with homeless groups regarding services and funding priorities. The United Way serves as a collaborative partner to assist with the City’s Chronic Homelessness Housing Collaborative (CHHC) Project to provide permanent supportive housing for the most vulnerable chronically homeless.

Now therefore and in consideration of mutual terms and conditions set forth the Parties agree as follows:

1. Each Party represents that it does not intend to create a partnership and the Parties agree that nothing in this MOU shall be construed to create a partnership between the Parties. Each Party is providing services separately for the community, and not as an employee or agent of the other Party, and each Party shall be wholly responsible for its own work, which is not directed by nor under the control of the other Party.
2. The Parties agree to abide by federal, state and program standards concerning availability of client information. Placement in shelter will be made in accordance with agency procedures and availability. The Parties commit to making every effort, on behalf of the participants, to assure a continuum of care without interruption of services.
3. The term of this MOU shall be January 1, 2017 through December 31, 2017. This Memorandum of Understanding may be cancelled by either party with a 30-day notice to the other party.
4. The United Way will fulfill the following roles and responsibilities:
 - Assist the City in stabilizing project participants by providing appropriate support services and linkages for services, as available.
5. The City will fulfill the following roles and responsibilities:
 - Work collaboratively with its CHHC partners to provide permanent supportive housing to the most vulnerable chronically homeless in the City of Fort Lauderdale.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement.

WITNESSES:

UNITED WAY OF BROWARD, INC.

By _____

Kathleen Cannon, President

[Witness print/type name]

[Witness print/type name]

ATTEST:

(CORPORATE SEAL)

Secretary

STATE OF FLORIDA:

COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me this ____ day of _____, 2017, by KATHLEEN CANNON, as PRESIDENT of the UNITED WAY OF BROWARD, INC. He/She is personally known to me or has produced _____ as identification.

(SEAL)

Notary Public, State of Florida (Signature
of Notary Taking Acknowledgment)

Name of Notary Typed, Printed or Stamped
My Commission Expires:

Commission Number

WITNESSES:

CITY OF FORT LAUDERDALE

a municipal corporation of the State of Florida.

By _____
JOHN P. "Jack" SEILER, Mayor

Print Name

By _____
LEE R. FELDMAN, City Manager

Print Name

(SEAL)

ATTEST:

Approved as to form:
CYNTHIA A. EVERETT, City Attorney

JEFFREY A. MODARELLI, City Clerk

TANIA MARIE AMAR, Assistant City Attorney

STATE OF FLORIDA:

COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me this _____ day of _____, 2017, by JOHN P. "JACK" SEILER, Mayor of the CITY OF FORT LAUDERDALE, a municipal corporation of Florida.

(SEAL)

Signature: Notary Public, State of Florida

Name of Notary Typed, Printed or Stamped

Personally Known

STATE OF FLORIDA:

COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me this _____ day of _____, 2017, by LEE R. FELDMAN, City Manager of the CITY OF FORT LAUDERDALE, a municipal corporation of Florida.

(SEAL)

Signature: Notary Public, State of Florida

Name of Notary Typed, Printed or Stamped

Personally Known