

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, 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, 2015 through December 31, 2015.
4. The United Way will fulfill the following roles and responsibilities:
 - Contribute \$30,000 to the City of Fort Lauderdale in support of the City’s CHHC Project.
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.

WITNESSES:

UNITED WAY OF BROWARD, INC.

print/type name]

By _____

KATHLEEN CANNON, PRESIDENT [Witness
[Print/type name and title]

[Witness print/type name]

ATTEST:

(CORPORATE SEAL)

Secretary

STATE OF FLORIDA: COUNTY OF
BROWARD:

The foregoing instrument was acknowledged before me this ____ day of _____,
2015, 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

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

WITNESSES:

CITY OF FORT LAUDERDALE

By _____
Mayor

By _____
City Manager

ATTEST:

City Clerk

Approved as to form:

City Attorney