

③ ✓ 9/8/15 #178 ⑦

DOCUMENT ROUTING FORM

NAME OF DOCUMENT: Memo of Understanding with the TaskForce Fore Ending Homelessness

Routing Origin: CMO Also attached: copy of CAM Original Documents

6/2/15 - CM - 3 # 15 - 0678

City Attorney's Office: Approved as to Form 3 Originals and Delivered to City Manager on _____

Assistant City Attorney:

CIP FUNDED YES NO
Capital Investment / Community Improvement Projects

Capital Investment / Community Improvement Projects defined as having a life of at least 10 years and a cost of at least \$50,000 and shall mean improvements to real property (land, buildings, fixtures) that add value and/or extend useful life, including major repairs such as roof replacement, etc. Term "Real Property" include: land, real estate, realty, real.

2) **City Manager:** Please sign as indicated and forward 3 originals to Mayor.

3) **Mayor:** Please sign as indicated and forward 3 originals to Clerks for attestation and City seal.

INSTRUCTIONS TO CLERK'S OFFICE

4) **City Clerk:** Retains 1 original and forwards 2 originals to Jeri Pryor, Neighbor Support

Original Route form to Jeri Pryor

Ext. 5024

MEMORANDUM OF UNDERSTANDING

Between

THE TASKFORCE FORE ENDING HOMELESSNESS, INC.

And

CITY OF FORT LAUDERDALE

Regarding the

CHRONIC HOMELESS HOUSING COLLABORATIVE PROJECT

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

The TaskForce strongly supports the City’s efforts to provide housing and supportive services to the vulnerable chronically homeless. The TaskForce serves as a collaborative partner to assist with the City’s Chronic Homeless Housing Collaborative (CHHC) Project to provide permanent supportive housing.

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 TaskForce will fulfill the following roles and responsibilities:
 - Facilitate identification of the most vulnerable chronically homeless in the City of Fort Lauderdale;
 - Provide referrals of potential project participants to the City of Fort Lauderdale;
 - Work collaboratively with CHHC intensive case managers and Project Manager.
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;
 - Consider referrals of potential project participants from the TaskForce;
 - Ensure ongoing communication between TaskForce and Project intensive case managers.

WITNESSES:

Corianne D. Wicoff

CORIANNE D. WICOFF

[Witness print/type name]

Am

CURTIS WALKER

[Witness print/type name]

THE TASKFORCE FORE ENDING HOMELESSNESS, INC.

By *Richard Courtney*

RICHARD COURTNEY, President

[Print/type name and title]

ATTEST:

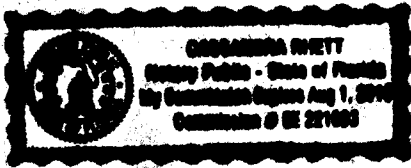
(CORPORATE SEAL)

Chino Colapinto
Secretary

STATE OF FLORIDA: COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me this 3rd day of July, 2015, by COURTNEY RICHARD as PRESIDENT of THE TASKFORCE FORE ENDING HOMELESSNESS, INC. He/She is personally known to me or has produced _____ as identification.

(SEAL)



Cassandra Rhett

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

Cassandra Rhett

Name of Notary Typed, Printed or Stamped

My Commission Expires:

EE221603

Commission Number

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

WITNESSES:

Jeanette A. Johnson
Jeanette A. Johnson

Carla Foster
Carla Foster

CITY OF FORT LAUDERDALE

By [Signature]
Mayor

By [Signature]
City Manager

ATTEST: [Signature]
City Clerk

Approved as to form:
[Signature]
City Attorney

