

③ ✓ 9/8/15 ④ #77

**DOCUMENT ROUTING FORM**

NAME OF DOCUMENT: Memo of Understanding with the United Way

Routing Origin:  CMO *6/2/15 - CM-3 #15-067B* Also attached:  copy of CAM  Original Documents

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

Assistant City Attorney: ll

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

**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.

Chanale Baldwin

By [Signature]

Chanale Baldwin

KATHLEEN CANNON, PRESIDENT [Witness

print/type name]

[Print/type name and title]

[Signature]

Tanija Francis

[Witness print/type name]

ATTEST:

(CORPORATE SEAL)

[Signature]  
Secretary

STATE OF FLORIDA: COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me this 1st day of July 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)

Kathleen A. Turner

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:

Jeanette A. Pharms  
Jeanette A. Johnson

Alisa D. Renedo  
Alisa D. Renedo

CITY OF FORT LAUDERDALE

By [Signature]  
Mayor

By [Signature]  
City Manager

ATTEST: [Signature]  
City Clerk

Approved as to form:  
[Signature]  
City Attorney