

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 County, Inc., a Florida non-profit corporation, (“United Way”) and the City of Fort Lauderdale, a municipal corporation of the state of Florida (“City”).

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 numerous groups regarding services and funding priorities. The United Way serves as a collaborative partner to assist the City in Chronic Homeless Housing Collaborative Project (“Project”).

Both entities 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. Both entities commit to making every effort, on behalf of motivated clients, to assure a continuum of care without interruption of services.

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 another Party, and each Party shall be wholly responsible for its own work, which is not directed by nor under the control of any other Party.

The term of this MOU will be January 1, 2014 through December 31, 2014.

The United Way will contribute \$30,000 to the City of Fort Lauderdale in support of the City’s CHHC Project.

The City will work with its collaborative partners to provide permanent supportive housing to the most vulnerable chronically homeless.

IN WITNESS WHEREOF, the Parties hereto have executed this Memorandum of Understanding.

WITNESSES:

CITY OF FORT LAUDERDALE

By _____
Mayor

Witness print/type name

By _____
City Manager

Witness print/type name

(CORPORATE SEAL)

ATTEST:

City Clerk

Approved as to form:

City Attorney

WITNESSES:

UNITED WAY OF BROWARD COUNTY

.

[Witness print/type name]

By _____

[Witness print/type name]

Print/type name and title]

ATTEST:

(CORPORATE SEAL)

Secretary

STATE OF FLORIDA:
COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me this ____ day of _____, 2014, by _____, as _____ of THE UNITED WAY OF BROWARD COUNTY. 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