NAME OF DOCUMENT:Taskforce Fore Ending Homelessness	,
Approved Comm. Mtg. on1/7/14	, 2013 CAR# <u>13-1654</u>
ITEM: X M - 5	CR R
Routing Origin: ☑ CAO ☐ ENG. ☐ COMM. DEV. ☐ OTHER Also attached: ☑copy of CAR ☑copy of document ☐ ACM I	,
By: forwarded to:	
Initials	Capital Improvements defined as having a life
1.) Approved as to Content: Department Director ate Mac Frag	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, inc. major repairs such as roof replacement, etc. Term "Real Property"
Please Check the proper box: CIP FUNDED YES NO	include: land real ectate realty real
2.) Approved as to Funds Available: by Finance Director	Date: 1.161/4
Amount Required by Contract/Agreement \$ De	pt./Div
FUNDING SOURCE: Index/Sub-object(see attached CAM	Project #
3.) City Attorney's Office: Approved as to Form #1_ Originals to City Harry A. Stewart Cole Copertino Robert B. I Ginger Wald D'Wayne Spence Paul G. Ba Carrie Sarver DJ Williams-Persad	Dunckel
4.) Approved as to content: Assistant City Manager:	
By: By: Stanley Hawthorne, Assistant City Manager Susanne Torriente, A	Assistant City Manager
5.) City Manager: Please sign as indicated and forward #1 original	ls to Mayor.
6.) Mayor: Please sign as indicated and forward #1_ originals to 0	Clerk.
7.) To City Clerk for attestation and City seal.	
INSTRUCTIONS TO CLERK'S OFFICE	<u>CE</u>
8.) City Clerk: retains one original document and forwards <u>1</u> copy of Copy of document to	· · ·
Attach certified copies of Reso. # Fill-in date	<u> </u>

DOCUMENT ROUTING FORM

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 for the most vulnerable chronically homeless.

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

- 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.
- 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, 2014 through December 31, 2014.
- 4. The TaskForce will fulfill the following roles and responsibilities:
 - Work collaboratively with CHHC case managers and Project manager
 - Facilitate identification of most vulnerable chronically homeless in the City of Fort Lauderdale
 - Provide referrals of potential project participants to City of Fort Lauderdale
- 5. The City will fulfill the following roles and responsibilities:
 - Work with its collaborative partners to provide permanent supportive housing to the most vulnerable chronically homeless
 - Consider referrals of potential project participants from the TaskForce

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

Witness print/type name

Witness print/type name

Miranda Scott

Witness print/type name

(CORPORATE SEAL)

ATTEST:

Approved as to form:

Approved as to form:

	WITNESSES:	THE TASKFORCE FORE ENDING HOMLESSNESS, INC.	
	CURTIS WALKER [Witness print/type name]	By Victorial Country President [Print/type name and title]	
	[Witness print/type name]		
·	(CORPORATE SEAL)	ATTEST: Clains Colapsinio Secretary	
	STATE OF FLORIDA: COUNTY OF BROWARD:	_	
	Jahuary , 2014, by RICHA TASKFORCE FORE ENDING HOM	cknowledged before me this day of ARD COURTNEY, as PRESIDENT of THE MELESSNESS, INC. Ho/She is personally known to as identification.	
	(SEAL) LAURA J. TURK MY COMMISSION # EE 202591 EXPIRES: September 27, 2016	Notary Public, State of Florida (Signature of Notary Taking Acknowledgment) Lowo J Twk	
	Bandad Thru Budget Notary Services	Name of Notary Typed, Printed or Stamped My Commission Expires: 9-27-20/6	
		EE 202591 Commission Number	
		Continuosion radified	