Subject:
First Amendment - Time Extension - Homeless Shelter Bed for Adults
Contract No. 089-0588-P(KF)

Department: Health & Community Services/Purchasing
Staff Member Responsible: Lynda Leedy/Candy Mancuso

Recommended Action:
I RECOMMEND THE BOARD OF COUNTY COMMISSIONERS APPROVE THE FIRST AMENDMENT TO THE CONTRACT FOR THE HOMELESS SHELTER BEDS FOR ADULTS WITH HOMELESS EMERGENCY PROJECT, INC. (HEP), CLEARWATER, FLORIDA AND WESTCARE GULFCOAST-FLORIDA, INC. (WESTCARE), ST. PETERSBURG, FLORIDA AT THE SAME PRICES, TERMS AND CONDITIONS.

IT IS FURTHER RECOMMENDED THAT THE CHAIRMAN SIGN THE AMENDMENT AND THE CLERK ATTEST.

Summary Explanation/Background:
The purpose of this request is for a twelve (12) month extension, beyond the term of the existing contract, from October 1, 2014 through September 30, 2015, in order to continue the services provided by the Homeless Shelter Beds for Adults Program for the Health and Community Services (HCS) Department.

The vendors provide overnight shelter and services to homeless citizens that are coordinated with the Pinellas County Homeless Street Outreach teams. The contract provides residential housing, access to basic needs such as health care, mental health and substance abuse screening and treatment, prescriptions and related services.

This extension will allow HCS, working with community partners, to identify gaps in the service approach and properly formulate an overall County strategy by early 2015 to provide effective and efficient homeless services. A new contract shall be competitively bid and awarded during the term of this extension.

Previous Actions in Reverse Chronological Order:
September 25, 2012 - First and Final Term Renewal approved by the County Administrator
December 19, 2009 - Ranking and Final Negotiated contract approved by the Board of County Commissioners

Fiscal Impact/Cost/Revenue Summary:
Funding is provided through the Health and Community Services budget.

ESTIMATED ANNUAL EXPENDITURE NOT TO EXCEED

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>HEP</td>
<td>$185,610.00</td>
</tr>
<tr>
<td>WESTCARE</td>
<td>$185,610.00</td>
</tr>
<tr>
<td>Total</td>
<td>$371,220.00</td>
</tr>
</tbody>
</table>

Exhibits/Attachments:
Amendment with HEP
Amendment with Westcare
FIRST AMENDMENT

This Amendment made and entered into this _____ day of _______________, 2014, by and between PINELLAS COUNTY, a political subdivision of the State of Florida, hereinafter referred to as "County," and Homeless Emergency Project, Inc., Clearwater, Florida, hereinafter referred to as "Contractor;"

WITNESSETH:

WHEREAS, the County and the Contractor entered into an agreement on December 23, 2009, pursuant to Pinellas County Contract No. 089-0588-P (hereinafter "Agreement") pursuant to which the Contractor agreed to provide Homeless Shelter Beds for Adults Program for County; and

WHEREAS, Section 3 of the Agreement provides for amendment by mutual written agreement; and

WHEREAS, the County and the Contractor now wish to exercise this amendment extending the term;

NOW THEREFORE, the parties agree that the Agreement is extended as follows:

1. The Agreement is hereby extended pursuant to Section 3 thereof, effective beginning October 1, 2014 and continuing for twelve (12) months from that date unless terminated or canceled as provided therein.

2. Except as changed or modified herein, all provisions and conditions of the original Agreement shall remain in full force and effect.
IN WITNESS WHEREOF the parties herein have executed this Second Amendment to the Agreement as of the day and year first written above.

PINELLAS COUNTY FLORIDA
by and through its Board of County Commissioners

Chairman

CONTRACTOR

President (Signature)

President (Printed Name)

[Corporate Seal]

ATTEST:

By: ____________________________
(Attesting Witness’ name/title)

APPROVED AS TO FORM:

Office of the County Attorney

Page 2 of 2
FIRST AMENDMENT

This Amendment made and entered into this ___ day of ____________, 2014, by and between PINELLAS COUNTY, a political subdivision of the State of Florida, hereinafter referred to as “County,” and Westcare Gulfcoast-Florida, St. Petersburg, Florida, hereinafter referred to as “Contractor,”

WITNESSETH:

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PINELLAS COUNTY, FLORIDA
by and through its Board of County Commissioners

Chairman

CONTRACTOR

[Signature]
President (Signature)

[Printed Name]
President (Printed Name)

[Corporate Seal]

ATTEST:
By: ________________________
(Attesting Witness' name/title)

APPROVED AS TO FORM:
Office of the County Attorney

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