

Sponsored by: Mayor Holt and City Council

**RESOLUTION**

**BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF FLORENCE, ALABAMA** as follows:

**Section 1.** The attached Agreement between the City of Florence and The Northwest Alabama Community Health Association serves a public purpose and confers a direct benefit of a reasonably general character to a significant part of the public in the City of Florence, Alabama.

**Section 2.** The attached Agreement between the City of Florence and The Northwest Alabama Community Health Association is hereby approved, ratified, and confirmed.

**BE IT FURTHER RESOLVED** that the proper officials of the City are authorized to execute the said contract.

**ADOPTED** this the \_\_\_\_\_ day of \_\_\_\_\_, 2018.

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**CITY COUNCIL**

**APPROVED** this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_

**MAYOR**

**ADOPTED & APPROVED** this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_

**CITY CLERK**

**STATE OF ALABAMA** §  
**COUNTY OF LAUDERDALE** §

**CONTRACT**

**THIS AGREEMENT**, entered into by and between the **CITY OF FLORENCE**, a municipal corporation, hereinafter called "City," and **NORTHWEST ALABAMA COMMUNITY HEALTH ASSOCIATION**, a non-profit corporation, hereinafter called "Community Health," witnesseth;

**WHEREAS**, Community Health is a non-profit corporation formed for the purpose of providing high quality, effective and efficient health care to citizens who do not have health insurance in the Shoals area; and

**WHEREAS**, it is in the interest of the City to provide primary preventive health care service to citizens who are living near or below the poverty level, and

**NOW, THEREFORE, FOR AND IN CONSIDERATION OF THE** sum of \$5,000.00, Community Health contracts with the City to provide health care services to citizens residing in the City of Florence who are not currently receiving health care from the local health department.

The term of the contract will be for a period of one (1) year commencing October 1, 2018, terminating on September 30, 2019.

Community Health shall provide to the City of Florence the latest annual financial report prepared for your organization. Your report shall describe the financial condition of the organization, how Florence citizens were served, and how funds paid pursuant to the contract were spent. These reports should be submitted to the City Treasurer, P.O. Box 98, Florence, AL 35631-0098. Failure to provide these reports could result in the loss of future contracts. The City or its authorized representative shall be allowed to inspect financial records and service records of Community Health upon request of the City.

It is understood and agreed that the City has no supervisory control over the operation of Community Health, and that Community Health shall hold the City harmless from any claims that might arise for any reason from the operation of Community Health.

The City shall be able to cancel this contract upon a thirty (30) day written notice to Community Health.

***IN WITNESS WHEREOF***, the City of Florence has caused its name to be affixed hereunto, by its duly authorized officer, and the President of the Northwest Alabama Community Health Association has also set his/her hand hereunto this the \_\_\_\_\_ day of \_\_\_\_\_, 2018.

***CITY OF FLORENCE, ALABAMA***  
a municipal corporation

BY: \_\_\_\_\_  
Its Mayor

**ATTEST:**

\_\_\_\_\_  
**CITY CLERK**

***NORTHWEST ALABAMA COMMUNITY  
HEALTH ASSOCIATION***  
an Alabama corporation

By: \_\_\_\_\_  
Its President

**ATTEST:**

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