

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 Shoals Community Clinic 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 _____, 2024.

CITY COUNCIL

APPROVED this _____ day of _____, 2024.

THIS AGREEMENT, entered into by and between the **CITY OF FLORENCE**, a municipal corporation, hereinafter called "City," and **SHOALS COMMUNITY CLINIC**, a non-profit corporation, hereinafter called "Community," witnesseth;

WHEREAS, Community 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 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, 2024, terminating on September 30, 2025.

Community 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

CITY OF FLORENCE, ALABAMA
a municipal corporation

BY: _____
Its Mayor

ATTEST:

CITY CLERK

SHOALS COMMUNITY CLINIC
an Alabama corporation

By: _____
Its President

ATTEST: