

**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 HEALING PLACE: A CENTER FOR LOSS AND CHANGE, INC., 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 THE HEALING PLACE: A CENTER FOR LOSS AND CHANGE, INC., 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.

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\_\_\_\_\_  
\_\_\_\_\_

**CITY COUNCIL**

**APPROVED** this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

\_\_\_\_\_

**MAYOR**

**ADOPTED & APPROVED** this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

\_\_\_\_\_

**CITY CLERK**

STATE OF ALABAMA

COUNTY OF LAUDERDALE

AGREEMENT

**THIS AGREEMENT**, entered into by and between the **CITY OF FLORENCE**, a municipal corporation, hereinafter called "City," and **THE HEALING PLACE: A CENTER FOR LOSS AND CHANGE, INC.**, hereinafter called "The Healing Place", witnesseth;

**WHEREAS**, the City, pursuant to Code of Alabama 1975, Section 38-2-9, has the authority to make provisions for the poor and needy of the City;

**NOW, THEREFORE, FOR AND IN CONSIDERATION OF THE** sum of \$5,000.00 PAID BY THE City to the Council, the Council agrees to support the Healing Hearts In-School Bereavement Program for Florence City schools by supplementing the salary of the in-school bereavement counselors and program materials and supplies.

The term of the contract will be for a period of one (1) year commencing October 1, 2024, and terminating on September 30, 2025.

The City shall be allowed to inspect financial records and admittance records of the Healing Hearts In-School Bereavement Program upon request of the City, such right of inspection being limited to records kept in connection with the provision of City-funded services.

It is understood and agreed that the City has no supervisory control over the operations of The Healing Place and that The Healing Place shall hold the City harmless from any claims that might arise for any reason from the operation of the Healing Hearts In-School Bereavement Program.

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

**IN WITNESS WHEREOF**, the City of Florence has caused its name to be affixed hereunto, by its duly authorized officer, and the Executive Director of The Healing Place has also set his/her hand hereunto this the \_\_\_\_\_ day of \_\_\_\_\_, 2024.

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

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

**ATTEST:**

\_\_\_\_\_  
CITY CLERK-TREASURER

**THE HEALING PLACE: A CENTER FOR LOSS AND CHANGE, INC.**

By: \_\_\_\_\_  
Its Executive Director

**ATTEST:**

\_\_\_\_\_